

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P010000941874

1. Corporation Name

MEDCOMPLIANCE, INC.

2. Principal Office Address

12825 NW 10 AVE

Suite, Apt. #, etc.

City & State

N MIAMI FL

Zip

33168

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

SEPTEMBER 26, 2002

5. FEI Number

X

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AL FEUER, PRES

Street Address (P.O. Box Number is Not Acceptable)

12825 NW 10 AVE

Suite, Apt. #, Etc.

City

NORTH MIAMI

State  
FL

Zip Code  
33168

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Al Feuer, Pres*  
REGISTERED AGENT MUST SIGN

Date NOVEMBER 19, 2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	AL FEUER	12825 NW 10 AVE	NORTH MIAMI FL 33168

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Al Feuer, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOVEMBER 19, 2002

Date

(305) 9533313

Daytime Phone #

CR2E001 (9/01)

page 2 of 2

# MEMORANDUM

**TO:** BARBARA MITCHELL, DOCUMENT SPECIALIST  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE FL 32314

**REPLY REF:** LETTER NO: 702A00061145

**FROM:** AL FEUER, PRES  
MEDCOMPLIANCE, INC.  
12825 NW 10 AVE  
NORTH MIAMI FL 33168

**PHONE:** (305) 9533313  
**FAX:** (305) 9533312

**SUBJECT:** MEDCOMPLIANCE, INC.  
**REF NO:** P01000094874

**MATTER:** CORPORATE RENEWAL

\*\*\*\*\*  
THIS MEMORANDUM, MS. MITCHELL...

WAS SENT TO ACKNOWLEDGE RECEIPT (ON NOV 15, 2002) OF YOUR  
REFERENCED LETTER (WITH ATTACHMENTS), AND RETURN THE CORPORATE  
REINSTATEMENT FORM YOU PROVIDED.

ACCORDINGLY, ATTACHED HERETO PLEASE FIND THAT FORM AND A CHECK  
FOR \$158.75 (WHICH COVERS THE REINSTATEMENT FEE PLUS A CERTIFICATE  
OF STATUS).

THANKING THE DEPARTMENT FOR ITS KINDNESS, I AM...



AL FEUER