

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 12 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000100558**

1. Corporation Name

Medstar USA, Inc

2. Principal Office Address

1648 Taylor Rd.

3. Mailing Office Address

1648 Taylor Rd

Suite, Apt. #, etc.

#382

Suite, Apt. #, etc.

#382

City & State

Port Orange, FL

City & State

Port Orange FL

Zip

32128

Country

USA

Zip

32128

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-16-01

5. FEI Number

593748942

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

Jeff Russell

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

1648 Taylor Rd.

Suite, Apt. #, Etc.

#382

City

Port Orange

State
FL

Zip Code

32128

100009488431

12/12/02--01058--008 **158.75

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

Jeff Russell

REGISTERED AGENT MUST SIGN

Date

11-27-2002

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
Pres.	Jeff Russell	1648 Taylor Rd #382 Port Orange, FL 32128	Port Orange FL 32128

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)(i), 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:

Jeff Russell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-27-2002

Date

Daytime Phone #

CR2ED01 (9/01)

12/13

TO: Department of State

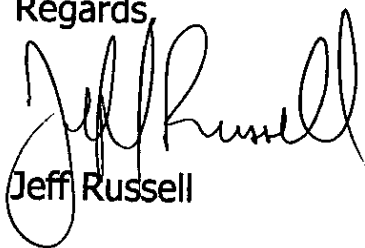
FROM: Jeff Russell

DATE: November 27, 2002

RE: MedStar USA, Inc.

Reference my conversation with your office enclosed you will find the Corporate Reinstatement documents along with a check for \$150. This is the amount I was told to send in due to the original forms being returned by the postal service as undeliverable. Thanks.

Regards,

A handwritten signature in cursive script, appearing to read "Jeff Russell". The signature is written in black ink and is positioned above the printed name "Jeff Russell".

Jeff Russell