

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2004 OCT -8 AM 8:22

DOCUMENT # PO1000100558

1. Corporation Name

MedStar USA, INC.

2. Principal Office Address

1648 Taylor Road

Suite, Apt. #, etc.

#382

City & State

Port Orange, FL

Zip

32128

Country

USA

3. Mailing Office Address

Same as 2.

Suite, Apt. #, etc.

City & State

Zip

Country

03-04  
**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/2001

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 Road

Suite, Apt. # Etc.

#382

City

Port Orange

State

FL

Zip Code

32128

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 Oct 6, 2004

**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
President	Jeff Russell	1648 Taylor Road #382	Port Orange FL 32128

400041730494  
10/08/04--01059--008 \*\*308.75

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

Oct 6, 2004 (386)3834178

Date

Daytime Phone #

10/8 00

CR2E081 (01/04)

TO: Katrina  
Department of State

FROM: Jeff Russell

DATE: October 6, 2004

RE: Corporate Reinstatement - MedStar USA, Inc.

Dear Katrina,

Thank you for taking the time to talk to me and help with reinstating my company. As explained, I have been living in the Philippines and did not receive the notices from the State. I would appreciate the \$600 fee being waived. Per your instructions, I am enclosing a check for \$308.75. This covers two years at \$150 each plus \$8.75 for a Certificate of Status. If there are any problems, or I need to do anything else to get the corporation active, please call me at (386) 383-4178. Thanks again.

Regards,

  
Jeff Russell  
President  
MedStar USA, Inc.