

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL -2 AM 8:41

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108284

1. Corporation Name

Medco Solutions and
Consulting Inc.

2. Principal Office Address - No P.O. Box #

205 SE 15th Terr

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1151

Suite, Apt. #, etc.

City & State

Deerfield Bch, FL

City & State

Deerfield Bch, FL

Zip

33441

Country

Broward

Zip

33443

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/01

5. FEI Number

020649377

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

William Wild

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

205 SE 15th Terrace

Suite, Apt. #, Etc.

Deer

City

Deerfield Beach

State

FL

Zip Code

33441

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

William Wild

Date

5/21/07

REGISTERED AGENT MUST SIGN

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	William Wild	P.O. Box 1151	Deerfield Beach FL 33443
			300103125333 05/23/07--01045--018 **300.00
	[Signature]		

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 contained in Chapter 119, 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:

William Wild

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/21/07

Daytime Phone #