

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115220

1. Corporation Name

MED MIND, PA

Principal Place of Business

5913 TURNBULL DR
ORLANDO FL 32822

Mailing Address

5913 TURNBULL DR
ORLANDO FL 32822

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/2001

5. FEI Number

59-3758412

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ELATY, FRANK	5913 TURNBULL DR	ORLANDO FL 32822

000008696280

10/30/02--01043--007 **150.00

Frank

8. Name and Address of Current Registered Agent

ELATY, FRANK
5913 TURNBULL DR
ORLANDO FL 32822

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2EM40 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Blair & Company

Certified Public Accountants

Established Since 1982

Imagine that tomorrow is the key to living your dreams.

Our mission is to help you make your dreams a reality through potentially creating and retaining wealth.

In that process, we will grow together.

Tuesday, October 29, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sent By: U.S. Mail

**Re: Med Mind, PA
EIN 59-3758412**

To Whom It May Concern:

In reference to the above-mentioned corporation, enclosed please find the following:

- Copy of Certificate of Administrative Dissolution or Revocation;
- Document # P01000115220, Application for Reinstatement;
- Check number 1089 in the amount of \$150.00.

Our records indicate that the client filed the annual report/uniform business report for this corporation in a timely manner. We have enclosed another check for the annual filing fee. Please process this as soon as possible, so that business may continue to operate as usual.

If you have any questions, please contact me.

Sincerely,

Landen E. Blair
Director of Operations

Enclosures

LEB/ac