

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 4:21

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

5912 Please correct
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

5912 turnbull Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5912 turnbull Dr

Suite, Apt. #, etc.

City & State

Orlando FL

Zip 32822

Country

City & State

Orlando FL

Zip 32822

Country

REINSTATEMENT

03

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 5912	ORLANDO FL 32822

600024197316
10/28/03--01025--002 **150.00

10/31/03

8. Name and Address of Current Registered Agent

ELATY, FRANK
5913 TURNBULL DR
ORLANDO FL 32822

5912

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

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 #

CR20040 (7/03)



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.

Monday, October 27, 2003

Division of Corporations
PO Box 6327
Tallahass e, Florida 32314

Sent By: US Priority Mail

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

Dear Sir or Madam:

I am enclosing the following:

- Copy of Application for Reinstatement for aforementioned Company;
- Check payable to the Secretary of State in the amount of \$150.00

The aforementioned corporation did not receive the original Florida Annual Report. The only document received from the Florida Division of Corporations is the Application for Reinstatement.

Please waive the penalty and reinstate the corporation to an active status.

Also, please make note of the address change.

If you have any questions, please contact me.

Sincerely,

Landen E. Blair
Director of Operations

Enclosures

cc: Dr. Elaty