

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

182  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 10 AM 8:00

**DOCUMENT #**

1. Corporation Name

Medbasix

2. Principal Office Address

1115 Hickory Way

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Weston

City & State

FL

Zip

33327

Country

US

Zip

33327

Country

**REINSTATEMENT**

03-04  
med

4. Date Incorporated or Qualified  
To Do Business in Florida

1/31/02

5. FEI Number

none

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

Scott Sweeney

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

1115 Hickory Way

Suite, Apt. #, Etc.

City

Weston

800035825848

05/10/04--01093--003 \*\*150 00

3/27/03 90081 013X150

State

FL

Zip Code

33327

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

Scott Sweeney

REGISTERED AGENT MUST SIGN

Date 5-5-04

**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
D	Scott Sweeney	1115 Hickory Way	Weston, FL 33327

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:

Scott Sweeney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-5-04

Daytime Phone #

954-895-2043

CR2E081 (01/04)

292

To Whom It May Concern:

I have recently learned through my accountant that my company Medbasix has lost its corporate status due to an error in filing last year. On March 27, 2003, check number 1038 for the amount of \$150.00 was submitted to the Dept. of State. Apparently there was a mistake made on the form and it was supposedly sent back to me for correction. The check however was cashed and a refund not offered and my corporation was dissolved without my knowledge. I have searched my records thoroughly and can not find any documentation of the returned file or notification of cancellation. I am now submitting my \$150.00 fee for this year and believe that since I am not in error that I do not owe the reinstatement fee. If there is a problem please call me at (954)389-3507 or (954)895-7643.

Thank You,

  
Scott Sweeney