

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN -7 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name **MEDICAL DATA SERVICE CORP**  
**DOC.# P02000019120**

2. Principal Office Address  
**303 SE 17 ST**

3. Mailing Office Address  
**303 SE 17 ST**

Suite, Apt. #, etc.  
**#309-133**

Suite, Apt. #, etc.  
**#309-133**

City & State  
**OCALA FL**

City & State  
**OCALA FL**

Zip Country  
**34471 USA**

Zip Country  
**34471 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida **02/18/02**

5. FEI Number  
**651058821**

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  
**DANIEL KUHN**

Street Address (P.O. Box Number is Not Acceptable)  
**2320 NE 2 STREET, STE. 2A**

Suite, Apt. #, Etc.

City  
**OCALA**

State Zip Code  
**FL 34470**

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 **Daniel Kuhn**

Date **12/31/03**

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
D	DANIEL BLANDO	303 SE 17 ST #309-133	OCALA FL 34471
D	ROBERT L. ANDREWS	303 SE 17 ST #309-13	OCALA FL 34471

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:

**Daniel Blando** **DANIEL BLANDO**

**12/31/03 352-351-4941**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Medical Data Service Corp

303 South East 17<sup>th</sup> Street, #309-133

Ocala, Florida 34471

888-426-0311 / 888-272-3969 fax



December 31, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**Re: Late Fee Waiver Request / Ref. Number P02000019120 –  
Letter Number: 403A00068496**

To Whom It May Concern:

I am the Director of our corporation, Medical Data Service Corp.

I received the above noted letter today and immediately called, 850-245-6059 and spoke with some one regarding your letter.

I was informed that my original letter requesting a waiver of late fees was not clear on whether our company received any communication, written or verbal, on the uniform business report.

We are respectfully requesting waiver or reduction of the reinstatement fee.

I hereby truthfully certify that **WE DID NOT RECEIVE THE ORIGINAL OR SECOND NOTICE UNIFORM BUSINESS REPORT.**

We have not received any mailings from the Florida Department of State until I filed the document (Ref. Number noted above) with the correct address

Being as this is a new company and we depended on Mr. Kuhn to manage this as well as other corporate issues we were left out of the paper 'loop' and was not notified. We picked up this old document from Mr. Kuhn's old office from a very kind former associate who took the time to locate our files and gave us a lot of mail, some very important, including 2003 Uniform Business Report.

I have included the corporate filing fee of \$150.00 for 2004, as well as checks in the amount of \$89.75 (Corporate Supplemental Fee) and \$61.25 (Annual Report Fee). Additionally included, is a check for \$8.75 for Certificate of Status.

Your favorable consideration in this matter would be sincerely and deeply appreciated.

We would be more than happy to provide your department with any further information is necessary.

Respectfully,

A handwritten signature in black ink that reads "Daniel Blando". The signature is written in a cursive, flowing style.

Daniel Blando, Director  
Medical Data Service Corp