

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000020578

1. Corporation Name

MEDCLUSIVES, P.A.

2. Principal Office Address

19195 MYSTIC POINT

Suite, Apt. #, etc.

APT 2704

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

19195 MYSTIC POINT

Suite, Apt. #, etc.

APT 2704

City & State

AVENTURA, FL

Zip

33180

Country

USA

FILED

03 OCT 31 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900024297609
10/31/03--01007--005 **150.00

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

02/22/2002

5. FEI Number

01-0624638

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

JEAN - CLAUDE NERETTE, M.D

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

19195 MYSTIC POINT

Suite, Apt. #, Etc.

APT 2704

City

AVENTURA

State
FL

Zip Code
33180

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

REGISTERED AGENT MUST SIGN

Date

10/21/03

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
PRES	JEAN-CLAUDE NERETTE MD	19195 MYSTIC POINT, APT 2704	AVENTURA, FL 33180

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03

Daytime Phone #

STEVEN C. KLEIN, CPA, P.A.

7522 WILES ROAD • SUITE 210
CORAL SPRINGS, FLORIDA 33067
TEL (954) 345-3696
FAX (954) 340-9005
EMAIL sklein1120@aol.com

October 21, 2003

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

Re: Medclusives, PA
ID#: 01-0624638

Dear Sir or Madam:

The above corporation has been dissolved per your records due to non-payment of a uniform business report for year 2003. I have never received any forms from you and was unaware this was due.

I am asking you to waive the penalties on this. I have enclosed a check for \$ 150.00 for the 2003 report.

Please feel free to contact me if you have any questions.

Very truly yours,



Jean-Claude Nerette MD