

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000022978

1. Corporation Name

Medicpacer INC

REINSTATEMENT 03-04

2. Principal Office Address

3800 S OCEAN DR.

Suite, Apt. #, etc.

Suite 201

City & State

Hollywood FL

Zip

33019

Country

USA

3. Mailing Office Address

3800 S OCEAN DR

Suite, Apt. #, etc.

Suite 201

City & State

Hollywood FL

Zip

33019

Country

USA

01/26/04 01011 606 \$150.00  
08/25/03 96093 029 \$550.00

4. Date Incorporated or Qualified  
To Do Business in Florida

03-01-02

5. FEI Number

200554812

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

WALTER Smith Jr.

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

3800 S. OCEAN DR

Suite, Apt. #, Etc.

Suite 201

City

Hollywood FL

State

FL

Zip Code

33019

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

*[Signature]*

Date 5/12/04

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
CEO	WALTER Smith	1060 NE 87 ST	Miami FL 33130
Pres	MARTA SMITH	1060 NE 87 ST	Miami FL 33130

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-12/04 678464-8804

Daytime Phone #

CR2E081 (01/04)

# MEDICPAGER INC

3800 S Ocean Drive Suite 201 954 457-7009 [medicpager@yahoo.com](mailto:medicpager@yahoo.com)

Walter Smith, CEO

May 12, 2004

Florida Department of State  
Secretary of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

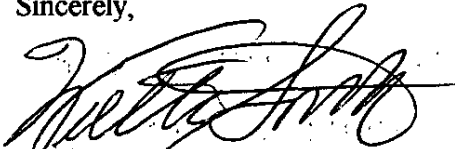
Dear Sir:

I am writing this letter in reference to a seemingly mix up in the filing of my annual reports. I filed in 2003 and my FEI was not included. I never received the the letter requesting the FEI and for this reason the Corp was dissolved unknown to me.(See Reference 2003 103A00049072). When I discovered that the corporation was dissolved I immediately file a re-instatement and paid the appropriate fee. (See Ref 2004 904A00004451). I also filed the 2004 Annual report with the appropriate fees. Today my account is still showing inactive.

I am again filing another re-instatement form.

Please advise.

Sincerely,



Walter Smith