

04/18/2008

12:20

BERGER SINGERMANN → 850-617-6381

NO.133

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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 APR 18 AM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000094167

1. Corporation Name

MEDIVEXEC, INC.

REINSTATEMENT

07-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 5851 Holatee Trail Suite, Apt. #, etc.		3. Mailing Office Address 5851 Holatee Trail Suite, Apt. #, etc.	
City & State Southwest Ranches, FL		City & State Southwest Ranches, FL	
Zip 33330	Country US	Zip 33330	Country US

4. Date Incorporated or Qualified To Do Business in Florida 8/29/2002	
5. FEI Number 16-1625703	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name BSPA Corporate Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 350 E. Las Olas Blvd.			
Suite, Apt. #, Etc. Suite 1000			
City Ft. Lauderdale		State FL	Zip Code 33301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

BSPA CORPORATE SERVICES, INC.

REGISTERED AGENT MUST SIGN

Date

4/16/08

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, P	Luis Figueroa	5851 Holatee Trail	Southwest Ranches, FL 33330

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 contained in Chapter 119, 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

President

Date

4/16/08

Daytime Phone #

H08000101298

4/18/08

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : BERGER SINGERMAN - FORT LAUDERDALE
Account Number : I20020000154
Phone : (954) 525-9900
Fax Number : (954) 523-2872

CORPORATION REINSTATEMENT

MEDIVEXEC, INC.

Certificate of Status	0
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