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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000095986

1. Corporation Name
MED-TYPE LEGAL & PROFESSIONAL SERVICES INC.

REINSTATEMENT 04-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9766 SW 24 ST	9766 SW 24 ST
Suite, Apt. #, etc. 4	Suite, Apt. #, etc. 4
City & State Miami FL	City & State Miami FL
Zip 33165 Country USA	Zip 33165 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/5/2002

5. FEI Number 04-3712051 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: DENISE DELGADO

Street Address (P.O. Box Number is Not Acceptable): 9766 SW 24 ST

Suite, Apt. #, Etc.: 4

City: Miami State: FL Zip Code: 33165

☒ 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* _____ Date 3/22/07

REGISTERED AGENT MUST SIGN

9. Names and Street Address 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
PSID	DELGADO, DENISE	9766 SW 24 ST #4 Miami	Miami, FL 33165

04/04/07--01040--023 **600.00

10. I certify that I am an officer or director of the corporation 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: _____ 3/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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MED-TYPE LEGAL & PROFESSIONAL SERVICES INC.
9766 SW 24 ST STE 4
MIAMI, FL 33165

Friday, March 23, 2007

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

RE: REINSTATEMENT UNIFORM BUSINESS REPORT #P02000095986

We are filing to pay the reinstatement annual report for our FOR-profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally file late because we never received any correspondence from your department by the post office. Please, we respectfully ask for an abatement of the penalty charges and accept our filing and the check for $600.00 covering the 2004, 2005, 2006 and 2007 filing years. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

DENISE DELGADO – PRESIDENT