

FROM

FAX NO. :

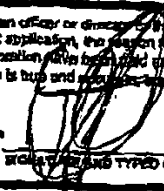
May. 16 2003 09:32AM P1

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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 # <u>P02000095986</u>			
1. Corporation Name <u>MED-TYPE LEGAL & PROFESSIONAL SERVICES INC.</u>			
2. Principal Office Address - No P.O. Box # <u>9766 SW 24 ST</u>		3. Mailing Office Address <u>9766 SW 24 ST</u>	
Suite, Apt. #, etc. <u>4</u>		Suite, Apt. #, etc. <u>4</u>	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33165</u>	Country <u>USA</u>	Zip <u>33165</u>	Country <u>USA</u>
4. Date incorporated or Qualified To Do Business in Florida <u>9/5/2002</u>			
5. FEI Number <u>04-3712051</u>		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ See Instructions for details on Certificate of Status			
7. Name and Address of Current Registered Agent			
Name <u>DENISE DELGADO</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>9766 SW 24 ST</u>			
Suite, Apt. #, etc. <u>4</u>			
City <u>MIAMI</u>		State <u>FL</u>	Zip Code <u>33165</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0808 or 617.0505, F.S.			
Signature of Registered Agent 		Date <u>3/22/07</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PSID</u>	<u>DELGADO, DENISE</u>	<u>9766 SW 24 ST #4 MIAMI</u>	<u>MIAMI FL 33165</u>
10. I certify that I am an officer or director, shareholder 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 distributed, 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 116, F.S. The information indicated on this application is true and correct and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date <u>3/22/07</u>	
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

REINSTATEMENT 04-07
CR25081 (1/07)

☒ 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.

300035000009
04/04/07--01040--023 **\$600.00

2002

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

Friday, March 23, 2007

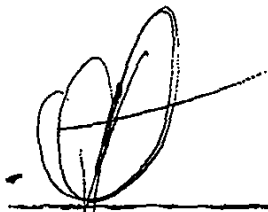
DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

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 \$400.00 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