

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000101872

1. Corporation Name

MED-ASSIST, INC.

Principal Place of Business

3801 TURTLE CREEK DRIVE
SUITE #A. 207
POMPANO BEACH FL 33067
US

Mailing Address

3801 TURTLE CREEK DRIVE
SUITE #A. 207
POMPANO BEACH FL 33067
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4328 NW 41 LANE
SUITE, APT. #, etc.
COCONUT CREEK, FL
City & State

3. New Mailing Office Address, If Applicable

4328 NW 41 LANE
SUITE, APT. #, etc.
COCONUT CREEK, FL
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2002

5. FEI Number

38-3661419

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VAN DEVENTER, TONY R	4328 NW 41ST LANE	COCONUT CREEK FL 33073
D	SHERMAN, APRIL A	22858 CHRYSLER DRIVE	BOCA RATON FL 33428

900023871419
10/17/03--01025--005 **158.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

MED-ASSIST, INC. TONY R. VAN DEVENTER

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

4328 NW 41 LANE

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33073

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Tony R. Van Deventer
REGISTERED AGENT MUST SIGN

Date 10-13-03

11. 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

Tony R. Van Deventer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

Daytime Phone #

954-979-5274

CR2E040 (7/03)

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

RE: Notice of not receiving any annual forms

Corp.: Med-Assist, Inc.
FEI: 38-3661419
Document: P02000101872

~~Friends:~~

Please find inclosed my forms, letter of corporation reinstatement and check as per phone call to your offices 10-13-03 at approximately 2:40 PM. Please accept this letter of notification that I, Med-Assist, Inc., did **NOT** receive any forms of any kind regarding any business reports to be filed. I would have been more than happy to do this if I had known.

Please waive the reinstatement fee. I do not have the money in the first place as the business has not even started due to my illness. I am following the instructions given to me over the phone on the above date. If you have any questions, please contact me.

Thank you for your consideration.

Tony R. Van Deventer

4328 NW 41 Lane
Coconut Creek, FL 33073
954-979-5274