

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 10 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0200132151

1. Corporation Name

Meditotal USA, Inc.

2. Principal Office Address

1290 Weston Road

Suite, Apt. #, etc.

Suite 306

City & State

Weston, FL

Zip

33326

Country

USA

3. Mailing Office Address

1290 Weston Road

Suite, Apt. #, etc.

Suite 306

City & State

Weston, FL

Zip

33326

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/17/2002

5. FEI Number

36-4515776

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

GBS CONSULTANTS

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

1290 Weston Road

Suite, Apt. #, Etc.

Suite 306

City

Weston

State

FL

Zip Code

33326

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

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
PTD	LOPEZ, Eduardo	1290 Weston Rd. Suite 306	Weston, FL 33326
VSD	LOPEZ, Fernando	1290 Weston Rd. Suite 306	Weston, FL 33326

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:

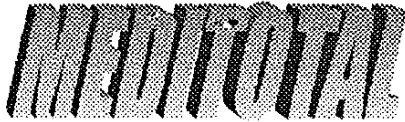
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-03.

CR2E081 (10/02)



November 5, 2003

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

RE: Reinstatement
Company: Meditotal USA, Inc.
Document #: P0200132151

Dears Sirs

We are enclosing UBR filing fee and a Corporation Reinstatement application form.

The reason for our current INACTIVE status is because we never received the UBR form. We incorporated in December 2002 and moved to a permanent office early this year. It was until this month when we need to print out our articles of incorporation from your website when we noticed this problem with our status.

We respectfully request your consideration to reinstate to active the status of Meditotal USA, Inc.

Sincerely,

A handwritten signature in black ink, appearing to read "Eduardo Lopez".

Eduardo Lopez
President