

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 30 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000134098

1. Corporation Name

Medical Transport Network Inc

2. Principal Office Address

3052 SW 4 AVE

3. Mailing Office Address

3052 SW 4 AVE

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

SUITE D

City & State

FT. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33315

Country

Broward

Zip

33315

Country

Broward

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

12/29/02

5. FEI Number

54-2094986

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

TESINI, SUSAN

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

590 Sabal Palm Rd

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33137

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

Susan Tesini

Date 4/9/04

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
D	Tesini, Allan	590 Sabal Palm Pd	Miami FL 33137

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:

Allan Tesini

Allan Tesini Director 4/9/04 305-573-1951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E081 (01/04)

FEDEX 842269315821

4/9/04

Department Of State
Division Of Corporations
409 East Gaines St
Tallahassee, FL 32399

Re: P02000134098; Request for waiver of reinstatement fee;

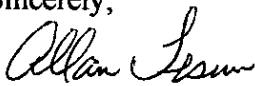
Dear Division of Corporations,

On April 9th we tried accessing the SunBiz.org website to complete and pay for the required Corporate Annual Report for 2004. We found at that time that the corporation had been administratively dissolved for non payment of 2003 fees. Since this corporation was formed in the last couple of days of 2002, and we did not receive any form(s) requesting annual fees for or renewal for 2003, we believed the corporate status to be good until renewal time this year for 2004.

After calling the Division Of Corporations office and explaining the situation, we were advised to fill out the enclosed form for reinstatement and include with it this letter and the enclosed check for \$158.75 (certificate of status included).

We do sincerely apologize for any misunderstanding on our part and are fully prepared to renew for 2004 on the website by April 30th as soon as the reinstatement can be processed.

Sincerely,



Allan Tesini

Director

Medical Transport Network, Inc

enc: Reinstatement form and check # 0243