

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 15 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000135466

1. Corporation Name

MEDICOMPLIANT SOLUTIONS II, INC.

Principal Place of Business

350 N.W. 12TH AVENUE SUITE 150
DEERFIELD BEACH FL 33442

Mailing Address

350 N.W. 12TH AVENUE SUITE 150
DEERFIELD BEACH FL 33442

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

2. New Principal Office Address, If Applicable

350 Jim Moran Blvd

Suite, Apt. #, etc.

Suite 150

City & State

Deerfield Beach FL

Zip

33442

Country

U.S.A.

3. New Mailing Office Address, If Applicable

350 Jim Moran Blvd

Suite, Apt. #, etc.

Suite 150

City & State

Deerfield Beach FL

Zip

33442

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/2002

5. FEI Number

06-1670058

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	BROVENICK, EVAN	350 N.W. 12TH AVENUE SUITE 150	DEERFIELD BEACH FL 33442
D	BLECHMAN, DAVID	350 N.W. 12TH AVENUE SUITE 150	DEERFIELD BEACH FL 33442
D	SPEAR, GARRY R	350 N.W. 12TH AVENUE SUITE 150	DEERFIELD BEACH FL 33442

700023819557
10/15/03--01055--029 **750.00

8. Name and Address of Current Registered Agent

SPEAR, GARRY R
350 N.W. 12TH AVENUE, SUITE 150
DEERFIELD FL 33442

9. Name and Address of New Registered Agent

Name

Jonathan Bloom

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

2295 NW Corporate Blvd.

Suite, Apt. #, Etc.

Suite 117

City

Boca Raton

State

FL

Zip Code

33431

10. I, being appointed the registered agent of the above named corporation

do hereby with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Registered Agent

Date 10/9/03

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

561-998-3020

Daytime Phone #

CR2E040 (7/03)