

2006 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000015484

1. Entity Name
MEDIBEST TELEGROUP INSURANCE CORP.



FILED

06 NOV 30 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1302 W. 42 PLACE
HIALEAH, FL 33012

Mailing Address

1302 W. 42 PLACE
HIALEAH, FL 33012

2. Principal Place of Business

1300 West 47 PL

Suite, Apt. #, etc.
110

City & State

Hialeah FL

Zip

33012

Country

3. Mailing Address

P.O. BOX 126393

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33012

Country



REINSTATEMENT

4. FEI Number

38-3696351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECHEZABAL, HECTOR M
1302 W. 212 PL
HIALEAH, FL 33012

Address Change
Only

7. Name and Address of New Registered Agent

Name

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

1300 West 47 PL # 110

City

Hialeah

FL

Zip Code

33012

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME P
ECHEZABAL, HECTOR M
STREET ADDRESS 1302 W. 42 PL
CITY-ST-ZIP HIALEAH, FL 33012
Delete Address Change Only

TITLE NAME D
NAVARRO, NATALI
STREET ADDRESS 1302 W. 42 PL
CITY-ST-ZIP HIALEAH, FL 33012
Delete Address Change Only

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS 1300 West 47 PL # 110
CITY-ST-ZIP Hialeah FL 33012
Change Addition

TITLE NAME
STREET ADDRESS 1300 West 47 PL # 110
CITY-ST-ZIP Hialeah FL 33012
Change Addition

TITLE NAME VP
STREET ADDRESS Hector Echezabal
CITY-ST-ZIP 1300 West 47 PL # 110
HIALEAH, FL 33012
Change Addition

TITLE NAME
STREET ADDRESS 600082328806
CITY-ST-ZIP 12/06/06--01058--008 **\$150.00
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel NOV 30 2006

Date

Daytime Phone #