


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 APR 16 PM 4:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P04000068994 1. Corporation Name MEDINA MANAGEMENT SERVICES, INC.					
2. Principal Office Address - No P.O. Box # 1000 PONCE DE LEON AVE. Suite, Apt. #, etc. # 334		3. Mailing Office Address 1000 PONCE DE LEON AVE. Suite, Apt. #, etc. # 334		REINSTATEMENT CR2E081 (12/07) <i>de-08</i>	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL		4. Date Incorporated or Qualified To Do Business in Florida 04/27/2004	
Zip 33134	Country USA	Zip 33134	Country USA	5. FEI Number 20-1062495 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
7. Name and Address of Current Registered Agent Name JOSE LOPEZ Street Address (P.O. Box Number is Not Acceptable) 1000 PONCE DE LEON AVE. # 334 Suite, Apt. #, Etc. City CORAL GABLES, FL 33134					
State FL					
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 <i>Jose Lopez</i> Date 4/15/08 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		
P	MANUEL R MEDINA	1000 PONCE DE LEON AVE.	CORAL GABLES, FL 33134		
VP	GERARDO W MEDINA	1000 PONCE DE LEON AVE.	CORAL GABLES, FL 33134		
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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 contained in Chapter 119, 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: <i>Manuel R Medina</i> Date 4/16/08 305-238-1414 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					