

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000046701

1. Corporation Name

MEDSYS INC.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

Suite, Apt. #, etc.

5391 SW 32nd Way

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

Zip

33312

Country

USA

Zip

Country

000299926980
06/02/17--01021--023 **1500.00
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/2006

5. FEI Number

86-1164943

☐ 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

SAFAQUAT KHAN

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

5391 SW 32nd Way

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33312

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

[Signature]

Date 05/30/2017

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
<u>P</u>	<u>SAFAQUAT KHAN</u>	<u>5391 SW 32nd Way</u>	<u>Hollywood, FL-33312</u>

10. E-mail Address:

Safaquat@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
17 JUN -2 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA