

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 24 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22153

1. Corporation Name

Medletter Associates, Inc.
5 Water Oak
Fernandina Beach, FL 32034

2. Principal Office Address

5 Water Oak

3. Mailing Office Address

330 A1A North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 321

City & State

Fernandina Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32034

Country

USA

Zip

32082

Country

USA

REINSTATEMENT

200021760792

07/24/03--01020--006 **900.00

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

12/16/1988

5. FEI Number

59-2923716

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

Helen Mullen

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

5 Water Oak

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

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

Helen Mullen

REGISTERED AGENT MUST SIGN

Date

7/22/03

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
Pres.	Friedman, Rodney	632 Broadway, 11th Floor	New York, NY 10012
VP	Mullen, Helen	5 Water Oak	Fernandina Beach, FL 32034

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:

Helen Mullen
Helen Mullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/03

Date

904-261-9269

Daytime Phone #