

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
ANDREW R. MORTHAM  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

97 OCT 31 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P23757

1. Corporation Name

MEDSCAND (U.S.A.) INC.

Principal Place of Business

Mailing Address

3930 N. 29TH AVE.  
P O BOX 7733  
HOLLYWOOD FL 33020  
US

3930 N. 29TH AVE.  
P O BOX 7733  
HOLLYWOOD FL 33020  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0108633

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	TSE, TENNY	3930 N 29TH AVE	HOLLYWOOD FL
VST	JOHANSSON, JAN	STADIOGATAN 65	MALMO, SWEDEN
D	JOHANSSON, JAN	STADIOGATAN 65	MALMO, SWEDEN
D	STORMBY, NILS	STADIOGATAN 65	MALMO, SWEDEN

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TSE, TENNY  
3930 N 29TH AVE  
HOLLYWOOD FL 33020

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

TENNY P. TSE

Date OCT. 28, 1997

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 28, 1997 954-

Date

Daytime Phone #

CR2040 (9/97)

Medscand 

Medical Products

There's a Vital Difference in Every Medscand Product.

October 28, 1997

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Document number: P23757  
Medscand (USA) Inc.

Dear Officer:

Per a suggestion by your office, I explain below the circumstances and enclose a copy of the original Profit Corporation Annual Report dated February 10, 1997, a new check of \$ 165.00, along with a completed application for reinstatement to reinstate Medscand (USA) Inc.

Details:

As your records show we have been filing the Annual Report for the past years. Medscand is active company. On February 10, 1997, we completed the Report for 1997, see enclosed. Upon receiving a Notice of Administrative Dissolution or Revocation today, we conclude that the 1997 Report and the check were lost.

Thank you for your attention and help in reinstating Medscand (USA) Inc.

Sincerely,



Tenny P. Tse, Ph. D.  
President and CEO

Enclosures- check and two forms

<http://www.medscand.com> • E-mail: [medinfo@medscand.com](mailto:medinfo@medscand.com)