

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 MAY 23 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9300 0036664

1. Corporation Name

MED FUTURE, INC.

Principal Place of Business

Mailing Address

1890 SW 57th Ave

1890 SW 57 Ave

# 108B

# 108B

Miami FL 33155

Miami FL 33155

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

2. New Principal Office Address, If Applicable

3500 SW 89 CT

3. New Mailing Office Address, If Applicable

3500 SW 89 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33165

Country

US

Zip

33165

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

05/20/93

5. FEI Number

650411110

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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	Barbara Valdes	3500 SW 89 CT	Miami / FL / 33165
V.	Marisol Abreu	3500 SW 89 CT	Miami / FL / 33165

000003298680--4  
-06/21/00--01034--027  
\*\*\*1650.00 \*\*\*1650.00

REINSTATEMENT

9400  
[Signature]

8. Name and Address of Current Registered Agent

Marisol Abreu  
1890 SW 57 Ave #108B  
Miami, FL 33155

9. Name and Address of New Registered Agent

Name  
Barbara Valdes  
Street Address (P.O. Box Number is Not Acceptable)  
3500 SW 89 CT  
Suite, Apt. #, Etc.  
City  
Miami  
FL 33165

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date

May 18, 2000

11. This corporation owes 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Valdes

Date

May 18, 2000 305-2281686

Daytime Phone #

CR2E081 (12/98)