

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

APPROVED
AND
FILED

05 MAR -7 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P93000061163*

1. Corporation Name

MEDPRO INTERNATIONAL, INCORPORATED
P93000061163

2. Principal Office Address

3350 NE 192ND STREET

Suite, Apt. #, etc.

5N

City & State

MIAMI & FLORIDA

Zip

33180

Country

USA

3. Mailing Office Address

3350 NE 192ND STREET

Suite, Apt. #, etc.

5N

City & State

MIAMI & FLORIDA

Zip

33180

Country

USA

REINSTATEMENT *97-05*
MRB

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

08/27/1993

5. FEI Number

650439819

☒ 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

DAVE MAITRA

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

3350 NE 192ND STREET

Suite, Apt. #, Etc.

5N

City

MIAMI

State

FL

Zip Code

33180

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

Dmats

REGISTERED AGENT MUST SIGN

Date *3/4/05*

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	DAVE MAITRA	3350 NE 192ND STREET	MIAMI/FL/33180
D	DAVE MAITRA	3350 NE 192ND STREET	MIAMI/FL/33180
M	DAVE MAITRA	3350 NE 192ND STREET	MIAMI/FL/33180

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:

Dmats DAVE MAITRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/05

Date

305 725 3484

Daytime Phone #

CR2E081 (07/05)