

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 18 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019105

1. Corporation Name

MEDTREK CORPORATION

Principal Place of Business

Mailing Address

5130 LINTON BLVD STE A
DELRAY BEACH FL

5130 LINTON BLVD STE A
DELRAY BEACH FL



If above information is 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5130 Linton Blvd Suite A-1
City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

Zip
33484

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

03/07/1994

5. FEI Number

NOT APPLICABLE

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
D	MARTIN, BRUCE	5130 LINTON BLVD STE A	DELRAY BEACH FL
D	YORE, LAWRENCE M	5130 LINTON BLVD STE A	DELRAY BEACH FL

400002353024--5
-11/20/97--01071--022
****165.00 ****165.00

JB
11-19-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, BRUCE
5130 LINTON BLVD STE A
DELRAY BEACH FL

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

Bruce Martin MD
REGISTERED AGENT MUST SIGN

Date 11/10/97

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:

Larry M. Ryan MD

Date

11/10/97

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP20040 (8/97)

MedTrek

Lawrence M. Yore, M.D.

Bruce Martin, M.D.

5130 Linton Boulevard
Suite A-1 and Suite A-2
Delray Beach, FL 33484

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

Dear Sirs,

I am writing to request a waiver of the reinstatement fee for MedTrek Corporation. The certificate of administrative dissolution or revocations which I recently received, dated September 26, 1997, is the first document that I have received with regard to the status of the corporation. I can offer no explanation for this, except that it may be due to the fact that MedTrek corporation does not have it's own mailbox under "Suite A", but rather the officers receive their own mail as "Suite A-1" for Lawrence Yore, and "Suite A-2" for Bruce Martin.

As a wife drafted into the position of bookkeeper and secretary, I was unaware that I should be filing this document annually until I spoke with an employee of your office just three days ago. I have noted in my calendar that this is to be done, so that it will not be missed again in the future. I am sorry I was not knowledgeable about this up until now.

In order to assure that mail will be received in the future, please correct the address for MedTrek to read as follows:

MedTrek
c/o Lawrence M. Yore, M.D.
5130 Linton Blvd., Suite A-1
Delray Beach, FL 33484

Please consider my request for a waiver. If you need to speak to me regarding this matter, you may reach me at 561/ 496-4444.

Sincerely,

Stacy M. Yore

