	D ALL INSTRUCTIONS	S REFORE (	COMPLETING THIS FORM.	
APPLICATION FOR	FLORIDA DEPARTME Sandra B. Mo	ENT OF STATE	I see also up and a party party.	
REINSTATEMENT Secretary of State  DIVISION OF CORPORATIONS				
DOCUMENT # PQHOODO 59024			98 NOV -2 PH 12: 19	
Medis - Trans	Leasins	- - -	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address			_	
3308 50th Aue East Bradenton, Fl. 34243				
			REINSTATEMENT 97-9	3
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			Date Incorporated or Qualified	
Suite, Apt. #, etc.	e, Apt. #, etc. Suite, Apt. #, etc.		To Do Business in Florida 8/8/94  5. FEI Number  Applied 5	
City & State	City & State		Applied F	
Zip Country	Zip Coun	try	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee refor a Certificate of States	
7. Names and Street Addresses of Each Officer	<del></del>			-
Title(s) Name of Officers Street Address of E  Title(s) and/or Directors GD NOT Use Post Office Bo  1 2 3 (Do NOT Use Post Office Bo			or City / State / Zip	
Pres/ Terry S Fance	3308	50th Ave 6	E Brdenton, F1 34203	
See M. 5. E.	3200	50 Th Ave 8	E Briderius, F1-34243	ĺ
7,704			000002681500- -11/05/9801087009 *****900.00 ******	- <b>1</b> .
			Jb. co	
			1.3.00	
8. Name and Address of Current Registered Agent  Name			9. Name and Address of New Registered Agent	
		Street Address (P 3308 Suite, Apt. #, Etc.	P.O. Box Number is Not Acceptable)  SOF Auc East	
Badent			wton, Fi. State Zip Code FL 34203	
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 Date 10-29-91				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 filling 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 alignature shall have the same legal effect as if made under oath.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				