PLEASE READ ALL INS	STRUCTIONS REFORE (	COMPLETING THIS FORM.
APPLICATION FLORI	DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State	7
REINSTATEMENT	DIVISION OF CORPORATIONS	
DOCUMENT # P940000 85 33 J  1. Corporation Name		98 JUN -2 AM 10: 55
Medeo of Hinlenh, Inc.		
Principal Place of Business Mailing Address		
Former: 445 E 255t Hialeah, FL 33013		
Suite Apl # etc. Suite Apl	ailing Office Address, If Applicable	Date Incorporated or Qualified     To Do Business in Florida
# 300 City & State City & State	e	5. FEI Number Applied For Not Applicable
FT. Lauderdale, FL Zip SB3309 USA	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (F	Florida nonprofit corporations must list at lea	
Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State / Zio
Chair Ardie R. Nickel	# 200 3511 W. Commen	777000
VP Bryan w. Miller	3511 W. Commercia	FT Lauderdaly, FL 33807
S/T Herbert Nold	3511 W. Comm. Blud, # 200	Ft Lauderdale, FL 33309
Die Andrew Posch	3511 W. Commerce # 200	MAGAGERACIE 3001
Dir Richard Fincher	BIVD, # 200	FL 33309
Die John J. Kerley	3511 W. Comm Blud, #200	FC 33309
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name		
Bryan W Miller 3511 W. Commercia	Street Actives Street Apr. 4, Etc.	38 Man 1 MARIN 2 - 28 8
# 200 FT. Lauder dase, Ifl	33309 Cily	-06/05/98010 <b>59-</b> -913 ****900.96
10. 1, being appointed the pigistered agent of the procephanted cor	poration, am taminar with and accept the ob-	oligations of Section 607.0505, F.S.
Signature of Signa		
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 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	Herbert SIGNING OFFICER OR DIRECTOR	Nold 6/12/98 735-8588 Dayline Phone #
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF	Herber Signing Officer or Director	Date! Daylime Phone #