

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC -2 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090017**

1. Corporation Name

Med Pro Services, Inc.

REINSTATEMENT

06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

1698 Markham Glen Circle

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 160516

Suite, Apt. #, etc.

City & State

Longwood FL

Zip

32779

Country

USA

City & State

Altamonte Springs, FL

Zip

32716-0516

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

59-3294903

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name **Rosa Columbro**

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

1698 Markham Glen Circle

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Rosa Columbro
REGISTERED AGENT MUST SIGN

Date

9-15-07

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
ADV	Rosa Columbro	PO BOX 160516	Altamonte Springs, FL 32716-0516

100112949301
12/07/07--01049--015 **300.00

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 contained in Chapter 119, 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:

Rosa Columbro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-15-07

Daytime Phone #

407-333-2014

12/500