

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JAN 18 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01/29/07--01061--015 \*\*1050.00

DOCUMENT # *P95000003221*

1. Corporation Name

MEDISAN CORPORATION

**REINSTATEMENT** *05-07*

2. Principal Office Address

450 E. 9th Street,

Suite, Apt. #, etc.

City & State

Hialeah, Fl.

Zip  
33010

Country  
Mia-Dade

3. Mailing Office Address

450 E. 9th St.,

Suite, Apt. #, etc.

City & State

Hialeah, Fl.

Zip  
33010

Country  
Mia-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0558201

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

MEDINA, RAUL

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

450 E. 9th St.,

Suite, Apt. #, Etc.

City

Hialeah, Fl.

State  
**FL**

Zip Code  
33010

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

REGISTERED AGENT MUST SIGN

Date *1-16-07*

**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
D	MEDINA, RAUL	450 E. 9th St., Hialeah, Fl. 33010	Hialeah, Fl. 33010

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-16-7*

*201/22*