

APPLICATION  
FOR  
REINSTATEMENT



**Katherine Harris**  
Secretary of State

DOCUMENT # P95000031571

STATEWIDE Medical Collection Corp.

7755 S.W. 87 AVE #F130  
MIAMI, FL 33173 USA

7755 SW 87 AVE  
#180  
Miami, FL 33173

4 24 95

68-0605454

**\$8.75** Additional Fee required for a Certificate of Status

PRES. MARIA CATALINA FORTUN

7755 SW 87 AVE #180

MIAMI, FL 33173

V.P. Lydia M. QUINTERO

7755 SW 87 AVE #130

Miami FL 33173

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-12/15/99--01008--009

\*\*\*1200.00 \*\*\*1200.00

MARJORIE G. WOLASKY,  
7685 SW 104 ST.  
Suite #220  
Miami, FL 33156

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/18/99

11. This corporation owes the current year 0  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #