PLEASE READ A	ALL INSTRUCTIONS	BEFORE COM	MPLETING THIS FO	DRM.
APE DATION	FLORIDA DEPARTMENT OF STATE  Katherine Harris			•
FOR REINSTATEMENT	Secretary of State		FILED	
DOCUMENT # P950	DIVISION OF CORPORATIONS		) 99 NOV 29 ATT 10: 25	
Corporation Name				
STATEWIDE Medical Collection Corp.		۶.	SECHAMASCIE PLORIDA	
Principal Place of Business	·		3	
7755 S.W. 87 AVE #130 7755 SW87 AVE			Ø	
Miami, FL 33173 USA Miami, FL 88175		, PL 88173	EINOTATESA	
If above addresses are incorrect in any way, line through incorrect information and enter correction  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable		<u> </u>	REINSTATEMENT 96-99  4. Date Incorporated or Qualified	
Suite. Apt. F, etc.	Suite, Apt. #, etc.		To Do Business in Florida 4/24/85	
City & State	City & State	5.	FEI Number 68 - 0605454	Applied For Not Applicable
Zip Country	Zip Country	y 6.	CERTIFICATE OF STATUS DESIRED	\$8.75. Additional Fee required for a Certificate of Status.
7. Names and Street Addresses of Each Officer and/o		ations must list at least 3	directors)	
Title(s) and/or Directors Officer		licer and/or Director se Post Office Box Numb	pers) 4	City / State / Zip
PRES. MARIA CATALINA FOR	TUN 7755 SV	V BT AVE 4	180 MIAMI.	FL 33173
V.P. LYdia M. QUINTE	RO 7755 S	W 87 AVE 1	130 Miami	FL 33173
VII. 2011			100 10101111,	1 2 33 1 1 2
		<del></del>	2000030	704223
			2000030704223 -12/15/9901008009 ***1200.00 ***1200.00	
Name and Address of Current Registered Agent     Name **			9. Name and Address of New Registered Agent	
Maejorie 6. yrolasky,		Street Address (P.O. Box Number is Not Acceptable)		
7685 SW 104 ST. Suite #1220		Suite, Apt. #, Etc.		
miami, FL 83156		City		State Zip Code
10. I, being appointed the registered agent of the above	re named corporation, arn familiar wi	ith and accept the obliga-		
Signature of Registered Agent My Out CWOLOSK REGISTERED AGENT MUST SIGN				
11. This corporation owes the current year Intangible Personal Property Tax due June 30.			(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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone &				