

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JUN 11 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P95000051016

DOCUMENT # P95000051016

1. Corporation Name

MEDICAL Institutional Services Inc.

200021378162  
07/08/03--01021--007 \*\*1808.75

910-03 Rei

2. Principal Office Address 12555 Orange Drive Suite, Apt. #, etc. Suite # 237 City & State Davie, FL Zip 33330 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. Same City & State Same Zip Same Country Same	
--	--	--	--

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Robert Maderos	
Street Address (P.O. Box Number is Not Acceptable) 12555 Orange Drive Suite, Apt. #, Etc. Suite # 237	
City Davie	State FL Zip Code 33330

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 06/10/03

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
P	Robert Maderos	12555 Orange Drive	Davie, FL, 33330

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 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:

Robert Maderos *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/10/03 800-528-1119

Daytime Phone #