

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 OCT -6 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P95000066782 (0)

**1. Corporation Name**

MEDISON LATIN AMERICA, INC.

**2. Principal Office Address**

701 Brickell Avenue

Suite, Apt. #, etc.

Suite 3000

City & State

Miami, FL

Zip

33131

Country

U.S.A.

**3. Mailing Office Address**

701 Brickell Avenue

Suite, Apt. #, etc.

Suite 3000

City & State

Miami, FL

Zip

33131

Country

U.S.A.

**REINSTATEMENT 98-00**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8-29-95

**5. FEI Number**

65-0603311

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

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

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

Name

Intrastate Registered Agent Corporation

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

701 Brickell Avenue, Suite 3000

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

**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.**

**Morris Miller I.R.A.C.**

Signature of  
Registered Agent

*Morris Miller*, as Vice President

Date

REGISTERED AGENT MUST SIGN

**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, D.	Mr. Carlos Cho	Rua Eugenio de Medeiros, 468/476 Pinheiros, São Paulo, Brazil	
D	Mr. Joon Hyeong Park	11075 Knott Avenue	Cypress, CA 90630

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ramirez*  
Date

Daytime Phone #

3037-7101  
9639-6793

CR2E081 (9/99)