

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

#35628 OCT 29 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 996000022410

1. Corporation Name

MDP INC OF JACKSONVILLE

2. Principal Office Address

P.O. Box 600666

Suite, Apt. #, etc.

City & State

JAX FL

Zip

32260

Country

USA

3. Mailing Office Address

P.O. Box 600666

Suite, Apt. #, etc.

City & State

JAX FL

Zip

32260

Country

USA

700008669817

10/29/02--01092--004 \*\*943.75

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

3/12/96

5. FEI Number

593366313

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

Howard A. Caplan, Attorney, P.A.

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

3900 Atlantic Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State  
FL

Zip Code

32259

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

Howard A. Caplan President

REGISTERED AGENT MUST SIGN

Date 10-24-02

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
	MARTIN D. PARLATO	P.O. Box 600666	JACKSONVILLE, FL 32260

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

Date

904-287-8000

Daytime Phone #

CR2E081 (9/01)