

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000089846**

1. Corporation Name

MEDICAL-ENTREPRENEURIAL DEVELOPMENT GROUP (M-ED G), INC.

Principal Place of Business

Mailing Address

~~POST OFFICE BOX 965~~
PONTE VEDRA FL 32082

~~POST OFFICE BOX 965~~
PONTE VEDRA FL 32082

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2451 S. Ponte Vedra Blvd.
Suite, Apt. #, etc. **Blvd.**

3. New Mailing Office Address, If Applicable

2451 S. Ponte Vedra Blvd.
Suite, Apt. #, etc.

City & State

S. Ponte Vedra

City & State

S. Ponte Vedra

Zip

32082

Country

US

Zip

32082

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1996

5. FEI Number

59-3508991

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	PERRY, JOHN F	2451 SO PONTE VEDRA BLVD.	PONTE VEDRA FL 32082
			500002521795--C -05/13/98--01051--015 *****\$00.00 *****\$00.00
			500002521795--E -05/13/98--01051--016 *****\$8.75 *****\$8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERRY, JOHN F
2451 SO PONTE VEDRA BLVD. S
PONTE VEDRA FL 32082

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **May 6, 1998**

11. This corporation owes or has paid the current year
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/98

Date

(904) 829-2235

Daytime Phone #

FILED

98 MAY -8 PM 3:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



CR2040 (8/97)