

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 # P96000093204

1. Corporation Name

MEDITEST INCORPORATED

Principal Place of Business

631 RED ROBIN ROAD
SEFFNER FL 33534

Mailing Address

631 RED ROBIN ROAD
SEFFNER FL 33534

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
2308 Millcreek Ct.
City & State
VALRICO FL
Zip
33594

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
2308 Millcreek Ct.
City & State
VALRICO FL
Zip
33594

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1996

5. FEI Number

59-3424437

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/P	VERDURA, DORIS	631 RED ROBIN ROAD	SEFFNER FL 33534
D/V/ HIS	ST. JACQUES, MADELINE	2308 MILLCREEK COURT	VALRICO FL 33594
			300002343023-8
			-11/10/97--01170--026
			***750.00 ***750.00
			REINSTATEMENT '97
			SC011-6-97

8. Name and Address of Current Registered Agent

VERDURA, DORIS
631 RED ROBIN ROAD
SEFFNER FL 33534

9. Name and Address of New Registered Agent

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

Doris Verdura
REGISTERED AGENT MUST SIGN

Date

10/30/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Madeline R. Repura

11/2/97
Date

813 643 2620
813 685 2341
Daytime Phone #

CR2E040 (8/97)