


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

Med Pendo, Inc.

REINSTATEMENT 1487

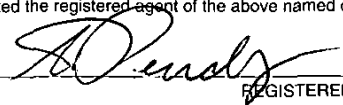
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****750.00 ****750.00

2. Principal Office Address		3. Mailing Office Address	
752 N. Sun Drive		Same	
Suite, Apt. #, etc. 112		Suite, Apt. #, etc. 11	
City & State LAKE MARY FL		City & State FL	
Zip 32746	Country SEMINOLE	Zip	Country


REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 2-2-97	
5. FEI Number 59-3424332	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Tim Pendo	
Street Address (P.O. Box Number is Not Acceptable) 758 NORTH SUN DRIVE	
Suite, Apt. #, Etc. #112	
City LAKE MARY	State FL
Zip Code 32748	

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 	Date 11-14-00
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
PRES.	Timothy H. Pendo	602 BROOKFIELD - LOOP	LAKE MARY FL 32748
V.P.	Julie A. Pendo	"	"

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	Date 11-14-00 407-804-1109 Daytime Phone #