

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 20 AM 9:10

DOCUMENT # P97000001163

1. Corporation Name
MED SUR, INC.

Principal Place of Business
1405 S.W. 93RD PLACE
MIAMI FL 33174

Mailing Address
1405 S.W. 93RD PLACE
MIAMI FL 33174



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0758569

Not Applicable

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| P | LARIN, CARLOS | 1405 S.W. 93RD PLACE | MIAMI FL 33174 |
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7000002354117-11/21/97-01070-014
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILA, GEORGE J
11981 S.W. 94TH STREET
MIAMI FL 33186

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

Date

11/3/97

REGISTERED AGENT MUST SIGN

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

CARLOS LARIN

11/13/97

Date

787-7235697

Daytime Phone #

2

George Vila
11961 S.W. 94th Street
Miami, FL 33186

November 3, 1997

Secretary of State
Department of Corporation
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: MED SUR, INC.
DOCUMENT NO.: P97000001163

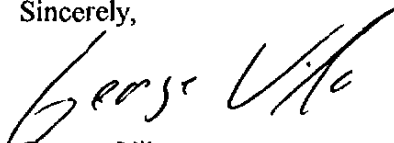
Dear Sir/Madam:

I am the registered agent for Med Sur. On April 28, 1997 I mailed a check for \$165.00 to cover the fee for the 1997 corporation annual report. I have currently received a letter from your office stating that the Med Sur has been dissolved as of September 26, 1997 for failure to file its 1997 corporation annual report. Apparently the check got lost in the mail.

On October 30, 1997, the day I received notification of dissolution, I spoke with one of you employees regarding this matter. She stated that do to the circumstances I can pay the fee now, and the corporation will be re-instated. Attached please find a check for \$165.00 to re-instate Med Sur.

Should you have any questions or concerns please contact me at the above stated address.

Sincerely,


George Vila