

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 997000004227

1. Corporation Name

MEDICAL REIMBURSEMENT EDUCATION, INC.

Principal Place of Business

Mailing Address

921 MAPLE CREEK DRIVE
ORLANDO, FLORIDA 32828

SAME

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

JANUARY 1, 1997

5. FEI Number

59-3417887

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)

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/T/S	BRIAN THAYER	921 MAPLE CREEK DRIVE	ORLANDO, FLORIDA 32828

900002780789--1
02/19/99--01059--007
****300.00 ****300.00

8. Name and Address of Current Registered Agent

BRIAN THAYER
921 MAPLE CREEK DRIVE
ORLANDO, FLORIDA 32828

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Brian Thayer

REGISTERED AGENT MUST SIGN

Date February 12, 1999

11. This corporation owes 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:

Brian Thayer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 12, 1999

Date

Daytime Phone #

407-786-1466

CR2E081 (12/98)

20F2

February 12, 1999

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom it may concern:

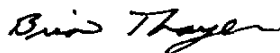
I have enclosed a corporate check for \$300 for the corporation filing fees for 1998 and 1999. The reason for the tardiness and the application for reinstatement is that I had never received any notices nor was I notified by mail of the corporate filing fees.

After speaking with a nice lady named Cathy at 850-487-6059, she informed me of my company being dissolved and my responsibility for filling out the enclosed application for reinstatement; Cathy also informed me of how much to pay and how to fill out the application for reinstatement.

If there are any questions, please call me at 407-786-1466.

Thank you.

Sincerely,



Brian Thayer
President
Medical Reimbursement Education, Inc.
921 Maple Creek Drive
Orlando, FL 32828