PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT 98-99AR

Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 23 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020108

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-04/01/99--01077--005
****300.00 ****300.00

1. Corporation Name

MED-A-Bility, Inc

Principal Place of Business
9409 US Hwy 19 Ste 721
Port Richey - Florida 34668

Mailing Address

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

2. New Principal Office Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
3-97

5. FEI Number
59-3432548

6. CERTIFICATE OF STATUS DESIRED ☐ Applied For ☐ Not Applicable
$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
Pres.	Salvador Cherta	3886 Crescent Cove Pl	Tarpon Springs - Florida 34689
Vice Pres	Guadalupe Cherta	" " "	" " "

VAP 3/28/99

8. Name and Address of Current Registered Agent

Salvador Cherta
9409 US Hwy 19 Ste 721
Port Richey FL 34668

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
REGISTERED AGENT MUST SIGN

Date 3/24/99

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: Salvador Cherta 3/24/99 843 8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E041 (12/98)

MED-ABILITY INC.
NEW CONCEPT IN HOME HEALTHCARE & REHAB TECHNOLOGY

(2)

March 25, 1999

Deparatment of State
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

Dear Ms. Stacey:

As per our conversation yesterday, enclosed please find check for the amount of $ 300.00 for the reinstatement of my company covering the dues for the years 98 and 99.

It appears that the previous mail sent to us was returned because it had the incorrect address. Please note that our address is:

9409 US Hwy 19 Ste 721
Port Richey, Florida 34668

Sincerely yours,

Salvador Cherta
President/Owner

SC/lc

9409 U.S. Hwy. 19 • Suite 423 • Port Richey, Florida 34668 • 1-800-975-1Med • (727) 843-8806 • Fax (727) 848-3126