

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -9 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000052098**

1. Corporation Name

Medical Development Systems, Inc.

2. Principal Office Address

14263 U.S. Highway one
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Juno Beach, FL

Zip

33408

Country

U.S.A.

City & State

Zip

Country

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/12/1997 SP

5. FEI Number

65-0761967

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Roger L. Shaffer

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

2500 N. Military Trail, 2201 Corporate, NW

Suite, Apt. #, Etc.

Suite 270 105

City

Boca Raton

State

FL

Zip Code

33431

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**

Roger L. Shaffer

REGISTERED AGENT MUST SIGN

Date 3-6-01

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
D	Scroggins, H. Stacy	18784 SE Jupiter River	Jupiter, FL, 33403
D	Norment, Anthony	1907 Mainsail Circle	Jupiter, FL, 33477
D	Scroggins, Donna	18784 SE Jupiter River	Jupiter, FL, 33403

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:

H. Stacy Scroggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/01

Daytime Phone #

561-630-6277

CR2E081 (9/00)