

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000052641

1. Corporate Name MEDICAL DEVELOPMENT GROUP, INC.

2. Principal Office Address
3445 NE 210th Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip 33180 **Country** USA

3. Mailing Office Address
3445 NE 210th Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip 33180 **Country** USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 06/13/97

5. FEI Number 65-0766346

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 Thomas R. Tatum, Esq.

Street Address (P.O. Box Number is Not Acceptable)
200 E. Las Olas Boulevard

Suite, Apt. #, Etc.
Suite 1800

City Fort Lauderdale **State** FL **Zip Code** 33301

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
THOMAS R. TATUM, ESQ. REGISTERED AGENT MUST SIGN

Date 2/29/00

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, P, S, T	Gary I. Miller	3445 NE 210th Street	Miami, FL 33180
			000003170430--7 03/15/00 01012-006 ***300.00 ***300.00
			KE

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:

GARY I. MILLER, President

Date

Daytime Phone #

2-25-2000