

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 APR 18 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000052641
1. Corporation Name Medical Development Group, Inc.

2. Principal Office Address
3180 NE 211th Terrace
3. Mailing Office Address
3180 NE 211th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Aventura, FL 33180

City & State
Aventura, FL

Zip 33180 **Country** U.S.A.

Zip 33180 **Country** U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 06/13/1997

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.
1900

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

Date 04/10/02

REGISTERED AGENT MUST SIGN

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	Gary I. Miller	3180 NE 211th Terrace	Aventura, FL 33180

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY I. MILLER, President

Date

Daytime Phone #