PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 AUG 16 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054688

1. Corporation Name
MED CLINICAL SERVICES, INC.

W-20229

2. Principal Office Address
1928 NE 154th St., #200

Suite, Apt. #, etc.
#200

City & State
North Miami Beach, FL

Zip 33162 Country USA

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 9800

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 65-0764951 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CorpDirect Agents

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

Suite, Apt. #, Etc.
Lower Level

City Tallahassee State FL Zip Code 32301

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***1050.00 ***1050.00

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.
CORPDIRECT AGENTS
Signature of Registered Agent Cynthia A. Hick Date 8/16/00
Cynthia A. Hicks 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	Gabriel Otl	1928 N. E. 154th Street, #200	North Miami Beach, Fl 3316
AS	Roland Sanchez-Medina, Jr	201 S. Biscayne Blvd. 22nd Floor	Miami, FL 33131

LS

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)(l), 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: Roland Sanchez-Medina 8/15/00 305-347-6534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Assistant Secretary Rolando Sanchez-Medina, Jr.

CR2E081 (3/99)