

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 197000078873

1. Corporation Name
MEDICAL TEL-NET, INC.

Principal Place of Business

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
999 MAGNOLIA St

3. New Mailing Office Address, If Applicable
P.O. Box 521812

4. Date Incorporated or Qualified To Do Business in Florida
9/10/97

5. FEI Number
59-3468562

☒ Applied For
☐ Not Applicable

City & State
Altamonte Springs, FL
Zip
32714
Country
U.S.A.

City & State
Longwood, FL
Zip
32752-1812
Country
U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DAWN SIMPSON	999 MAGNOLIA St	Altamonte Springs FLORIDA, 32714
D	G. SIMPSON	999 MAGNOLIA St	Altamonte Springs FLORIDA, 32714
			400002778294--1 -02/17/99--01066--009 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARFIELD SIMPSON
999 MAGNOLIA St
Altamonte Springs FL
32714

Name

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

Suite, Apt. #, Etc.

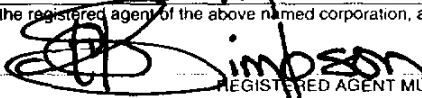
City

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
1.19.99

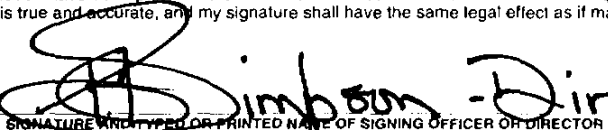
11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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.

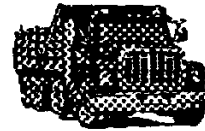
SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 (407) 804-2052
Date Daytime Phone #

CR2E081 (12/96)

Medical Tel-Net, Inc.
D/B/A Simpson & Simpson Trucking
P.O. Box 521812
Longwood, FL 32752-1812
Tel: (407) 804-1052
Fax: (407) 804-1051



2082

January 19, 1999

Division Of Corporations
Florida Department of State
P.O. Box 6237
Tallahassee, FL 32314

RE: Reinstatement

Dear Sir/Madam:

As per our phone conversation, we did not get our annual renewal package in the mail. Your office told us when we requested this reinstatement package sent to us, that we should write this letter of explanation and the reinstatement fees will be waived.

Enclosed, you will find the necessary documents for reinstatement and fictitious name, along with a check. Your attention to this is greatly appreciated. Should there be any questions, please contact us at your earliest possible convenience. Thank you.. I look forward to hearing from you soon.

Very Truly Yours,

Garfield Simpson
Director