

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		10/11/03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>PA7000085587</b>					
1. Corporation Name <b>Medical Printing Services, JTX.</b>					
Principal Place of Business <b>1450 Madruga Avenue, #207 Coral Gables, FL 33146</b>		Mailing Address		400002771314--4 -02/10/99--01042--002 ****308.75 ****308.75	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>10/96</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>050812857</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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		
President	Grete L Delgado	1450 Madruga Ave. # 207	Coral Gables, FL 33146		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
Grete L Delgado 1450 Madruga Ave., #207 Coral Gables, FL 33146		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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 <b>2-8-99</b>	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <b>Grete L Delgado</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Grete L Delgado</b>		Date <b>2-8-99</b> Daytime Phone # <b>305-565-6850</b>	

1450 Madruga Avenue Suite 207 Coral Gables Florida 33146  
tel 305 665 6850 fax 305 665 6410

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February 4, 1999

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

To Whom it May Concern:

Gretel Delgado the owner of Medical Printing Services, Inc. was recently informed by a lender that the corporation was inactive. Upon receiving this information I contacted your offices to find out what had happened. I spoke to a very nice young lady, Trish or Tracy, and she advised me that the documents for renewing the corporation had been returned to your offices and were never mailed or delivered to our new office. I was advised that the total charges for reinstating the corporation would be \$300.00, \$150.00 for 1997 and \$150.00 for 1998. The young lady asked me to write a brief note explaining the reason why we were asked to pay \$ 300.00.

Thank you for your prompt attention to this matter.

Gratefully Yours,

  
Graysy Pereda  
Office Manager