

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -6 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000096342

1. Corporation Name

Medresource Solutions Inc.

2. Principal Office Address

6855 SW 81st Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/12/97

5. FEI Number
650818257

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

Joan Bolden

JOAN BOLDEN

REGISTERED AGENT MUST SIGN

Date

5/1/02

ASSISTANT SECRETARY

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
P	Martin J. Bradley, Jr.	616 Herb River Dr.	Savannah, GA 31406
VP	Martin J. Bradley, III	3202 Alhambra Circle	Coral Gables, FL 33134
S	Martin J. Bradley III	3202 Alhambra Circle	Coral Gables, FL 33134
T	Martin J. Bradley III	3202 Alhambra Circle	Coral Gables, FL 33134

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

Martin J. Bradley
MARTIN J. BRADLEY, PRESIDENT

Date

4/30/02

Daytime Phone #

(912) 352-1040

CR2E081 (9/01)