PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS

FILED

04 APR -1 PH 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000210

1. Corporation Name

MEDWEAR, INC.

30003224984
04/09/04--01011--020 **450.00

02-04

2. Principal Office Address	**3.** Mailing Office Address
2100 45TH STREET	(SAME)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
B11	

City & State	City & State
WEST PALM BEACH, FL	

4. Date Incorporated or Qualified To Do Business in Florida 01/02/98

5. FEI Number 65-0804784 | Applied For | Not Applicable |

Zip 33407	Country U.S.A.	Zip	Country

6. CERTIFICATE OF STATUS DESIRED ☐   **$8.75** Additional Fee required for a Certificate of Status

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7. Name and Address of Current Registered Agent

Name
MINDY HELLER

Street Address (P.O. Box Number is Not Acceptable)
2100 45TH STREET,

Suite, Apt. #, Etc.
B11

City WEST PALM BEACH	State **FL**	Zip Code 33407

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 3/23/04

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
PRES.	MINDY HELLER	2100 45th STREET, STE B11	WEST PALM BEACH, FL 33407

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: _____   3/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #