

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 16 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000009225**

1. Corporation Name

MLF MEDICAL, INC.

2. Principal Office Address

2155 HARBOR LAKE DR.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32003

Country

U.S.

3. Mailing Office Address

2155 HARBOR LAKE DR.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32003

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1998

5. FEI Number

59-3513564

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

MILLARD LEON FOWLER II

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

2155 HARBOR LAKE DRIVE

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32003

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

Millard Leon Fowler II

Date

1/12/2005

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
P	MILLARD LEON FOWLER II	2155 HARBOR LAKE DR.	ORANGE PARK/FL/32003

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:

Millard Leon Fowler II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2005

Date

904-894-6601

Daytime Phone #

CR2E081 (01/05)