

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR -1 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000014585**

1. Corporation Name

MedStar Healthcare Products, Inc.

400003164604--1
-03/09/00--01106--022
****758.75 ****758.75

400003164604--1
-03/09/00--01106--023
****150.00 ****150.00

2. Principal Office Address

10460 Roosevelt Blvd

Suite, Apt. #, etc.

#348

3. Mailing Office Address

PO Box 17221

Suite, Apt. #, etc.

City & State

St Petersburg, FL

Zip

33716

Country

USA

City & State

Clearwater FL

Zip

33762

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0816213

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

Jeff Russell

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

10460 Roosevelt Blvd

Suite, Apt. #, Etc.

#348

City

St Petersburg

State

FL

Zip Code

33716

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

Jeff Russell

REGISTERED AGENT MUST SIGN

Date **1-15-2000**

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/D | Jeff Russell | 10460 Roosevelt Blvd #348 | St Petersburg/FL/33716 |
| | | | |
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| | | | |
| | | | |

REINSTATEMENT 99.00

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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:

Jeff Russell Jeff Russell, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-15-2000 (800)294-1903

Daytime Phone #

CR2E061 (9/99)