

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

8/19/02

**CORPORATION  
REINSTATEMENT**



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

2000AR

FILED  
00 AUG -9 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 198000017045 CORP.

1. Corporation Name  
R & G MEDICAL AND DEVELOPMENT

2. Principal Office Address  
10664 AVENIDA SANTA ANA

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BOCA RATON FL

City & State  
FL

Zip Country  
33498 USA

Zip Country  
33498 USA

4. Date Incorporated or Qualified To Do Business in Florida  
2/23/98

5. FEI Number Applied For  
65-0814980 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  
AMERILAWYER (SPEIGEL & UTRERA, P.A.)

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

Suite, Apt. #, Etc. 700003361817-7

City State Zip Code  
CORAL GABLES FL 33134

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 \_\_\_\_\_  
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
<u>1ST</u>	<u>Schwedler, George S.</u>	<u>10664 AVENIDA SANTA ANA</u>	<u>BOCA RATON FL 33498</u>
<u>2ND</u>	<u>SAK, ROBERT M.</u>	<u>"</u>	<u>"</u>

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: George S. Schwedler Date 6/9/00 Daytime Phone # 561 482 1101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GEORGE S. SCHWEDLER

CR2E081 (9/99)

