

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC -4 AM 2:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **798000029026**

1. Corporation Name

MEDTECH LOGISTICS INC.
798000029026

W-24631

2. Principal Office Address

880 NE 69 Street

Suite, Apt. #, etc.

Apt # 3L

City & State

Miami, Florida

Zip

33138

Country

USA

3. Mailing Office Address

P.O. Box 310325

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33231

Country

REINSTATEMENT

99-00

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

3/27/1993

5. FEI Number

65-0830886

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

Isabel Leon

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

880 NE 69 Street

Suite, Apt. #, Etc.

Apt #3L

City

Miami

State

FL

Zip Code

33138

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/03/2000

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
	Isabel Leon / President	880 NE 69 Street	Miami, FL 33138
			KE

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/03/2000

Daytime Phone #

305 758 8900

CR2E081 (9/99)