

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine B. Hanft

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000034526

1. Corporation Name

MED SOURCES GROUP, INC.

Principal Place of Business

128 SOUTH MOON AVENUE
BRANDON FL 33511

Mailing Address

128 SOUTH MOON AVENUE
BRANDON FL 33511



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1998

5. FEI Number

59-3504121

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	BARBARA GLEESON	128 So. MOON AVE.	BRANDON, FL 33511
D	JOHN M. KILGORE, M.D.	128 So. MOON AVE.	BRANDON, FL 33511

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****400.00 ****400.00

8. Name and Address of Current Registered Agent

~~ALLEN, ERIC K~~

128 SOUTH MOON AVENUE
BRANDON FL 33511

9. Name and Address of New Registered Agent

Name

E. C. WATKINS, JR., ESQ.

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

128 So. MOON AVE

Suite, Apt. #, Etc.

City

BRANDON,

State
FL

Zip Code

33511

CR2ED40 (6/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

E. C. Watkins, Jr.
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-27-99

11. 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.

KE

SIGNATURE:

E. C. Watkins, Jr.
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2

ALAN N. RAZLA, PA

(954) 983 - 9394 Broward
(954) 292 - 9246 Broward
(954) 983 - 6799 Fax

Florida Office

Email: CHUCHMA@AOL.COM

New Hamp. Office

Alan N. Razla, PA
3216 Stirling Road
Hollywood, FL 33021

NHSCPA Member
AICPA Member

Alan N. Razla CPA, PA
26 South Main Street Suite 521
Concord, NH 03301

05-Dec-99

Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporations

RE: Shalom USA Times, Inc.
Application for Reinstatement
Document #- P96000063704

Dear Sir or Madam,

I am writing to you on behalf of Shalom USA Times, Inc. to request a waiver of penalties associated with reinstatement of this corporation. This request is based on the fact that this entity did not receive an official preprinted form from the State. Enclosed please find a copy of the form which we obtained from the Internet. The company has made a good faith effort to meet the State's requirements.

If there are any questions feel free to contact my office.

Sincerely,



Alan N. Razla P.A.