


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 20 PM 3: 01

CORPORATION
REINSTATEMENT

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

DOCUMENT # P98000034526

1. Corporation Name
MED SOURCES Group, Inc.

2. Principal Office Address
128 S. Moon Ave
Suite, Apt. #, etc.

3. Mailing Office Address
128 S. Moon Ave
Suite, Apt. #, etc.

City & State
Brandon Fl.

City & State
Brandon. Fl.

Zip
33511 Country
USA

Zip
33511 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 4-14-1998

5. FEI Number
593504121

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
John M. Kilgore

Street Address (P.O. Box Number is Not Acceptable)
128 S. Moon Ave.

Suite, Apt. #, Etc.

City
Brandon Fl. Zip
33511

State
FL Zip Code
33511

500004610095-9
-09/25/01-01041-012
****300.00 ****300.00

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
John M. Kilgore

REGISTERED AGENT MUST SIGN

Date
Sept 17, 2001

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
D	John M. Kilgore, M.D.	128 S. Moon Ave.	Brandon, Fl. 33511

SP

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: John M. Kilgore, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
Sept 17, 2001

Daytime Phone #
813-654-6604

CR2E081 (9/00)



Med Sources Group, Inc.

128 S. Moon Ave. • Brandon, FL 33511 • (813) 654-6604 Phone • (813) 654-9545 Fax

September 17, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern

Dear Sirs,

Our small little company is having great financial difficulty and has lost many persons due to layoffs. The people here now doing the payables did not receive notices that the corporation was not registered. Only when we went to the bank to open a new account, did we find out it was inactive. We can not afford the \$600.00 penalty, and did not even know even there was a problem, as anyone that would have possibly known is no longer employed at the company. We are down to only five employees from twenty and are struggling to survive. Please consider waving the \$600.00 penalty.

Thank you.

Sincerely,

John M. Kilgore, M.D.

Dictated but not proofread by Dr. Kilgore

JMK/mkt