

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 18 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000043770**

1. Corporation Name

Medicare International Corporation

700009054177
11/18/02--01097--001 **1208.75

2. Principal Office Address

First Ft. Lauderdale Place

3. Mailing Office Address

First Ft. Lauderdale Place

Suite, Apt. #, etc.

100 N.E. Third Avenue, Suite 280

Suite, Apt. #, etc.

100 N.E. Third Avenue, Suite 280

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip

33301

Country

USA

Zip

33301

Country

USA

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1998

5. FEI Number

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

Roxanne Beilly

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

First Ft. Lauderdale Place, 100 N.E. Third Avenue

Suite, Apt. #, Etc.

Suite 280

City

Ft. Lauderdale

State
FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date

11/15/02

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	Belinda Lanyon	La Connellerie Sark	Channel Islands GY9 OSD

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:

Mark Chapro for law Offices of Daniel Greenberg, LLC 11.13.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(203) 454-8900

11/12/02

CR2E081 (9/01)