

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Attorney General
Secretary of State
Division of Corporations

P98000061052

FILED

05 AUG 24 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **P98000061052**

Medical Maids, Inc.

REINSTATEMENT 99+00

2. Principal Office Address

1018 Harrison Avenue

Suite, Apt. #, etc.

City & State

Panama City, Florida

Zip

32401

Country

Bay

3. Mailing Office Address

1018 Harrison Avenue

Suite, Apt. #, etc.

City & State

Panama City, Florida

Zip

32401

Country

Bay

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

July 10, 1998

5. FEI Number

59-3520869

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

Susan L. Cottrill

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

1018 Harrison Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

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
Pres.	Susan L. Cottrill	1707 Seneca Avenue	Panama City, FL 32404

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)(l), 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:

Susan L. Cottrill

Susan L. Cottrill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-22-00

Date

850-785-0011

Daytime Phone #

CR2E081 (9/99)