

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 27 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072498

1. Corporation Name

M.D. 98, INC.

2. Principal Office Address

730 Bayfront Parkway

Suite, Apt. #, etc.

Suite 4B

City & State

Pensacola, FL

Zip

32502

Country

USA

3. Mailing Office Address

730 Bayfront Parkway

Suite, Apt. #, etc.

Suite 4B

City & State

Pensacola, FL

Zip

32502

Country

USA

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

08/17/1998

5. FEI Number

59-3529539

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

James J. Reeves, Esquire

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

730 Bayfront Parkway

Suite, Apt. #, Etc.

Suite 4B

City

Pensacola

State

FL

Zip Code

32502

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

Date

1/22/2004

REGISTERED AGENT MUST SIGN

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.	John J. Crittenden	c/o 730 Bayfront Pkwy Ste. 4B	Pensacola, FL 32502

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/04 850 384-6675

CR2E081 (10/02)