

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 JUL 23 AM 9:23	
DOCUMENT # P98000099049					
1. Corporation Name MEDICAL DISCOUNTS Limited, Inc. (Reporting Period - 2001)					
2. Principal Office Address 801 W. Bay Dr. Suite, Apt. #, etc. Suite # 429 City & State LARGO, FL Zip 33770 Country USA		3. Mailing Office Address - SAME - Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida - 11-20-1998 5. FEI Number 59-3544659 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name CHARLIE R. BROWN, Esq. Street Address (P.O. Box Number is Not Acceptable) 7 FOUNTAIN SQUARE Suite, Apt. #, Etc. City Belleair State FL Zip Code 33756 100004499401-9 -07/28/01-01007-05 ****300.00 ****301.00					
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 Charlie R. Brown Date 7/12/01 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		
P/D	DAVID GREENBERG	11541 Shipwatch Dr. #1014	LARGO, FL 33774		
D	RENATE WECHSLER	450 S. Gulfview Blvd. #1101	CLEARWATER, FL 33767		
D	STEW WHITE (WHITE)	1433 Gulf To Bay Blvd #H	CLEARWATER, FL 33765		
			7/12/23		
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: DAVID GREENBERG Date 7/12/01 (727) 443-7417 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

CHARLIE R. BROWN

Attorney at Law

7 Fountain Square, Belleair, Florida 33756

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E-mail: Topoftherock@cs.com

July 12, 2001

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

ATTENTION: Mr. Sean Toner

RE: Reinstatement Documents for Medical Discounts Limited, Inc.
& Second Amendment to Articles of Incorporation for filing

Dear Sean:

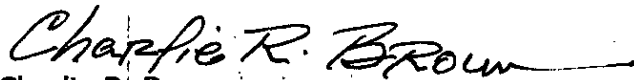
Earlier this week you had a telephone conversation with Mr. David Greenberg, President of my client, Medical Discounts Limited, Inc., during which he explained that the company had relocated its corporate offices several times during the period of 1999 to 2001. As a result of this relocations, the company did not receive the Uniform Business Report Forms required for filing for 2000 and 2001.

These Report Forms are enclosed along with a check for \$300.00 to cover the filing fees for the two years, as agreed upon.

Also enclosed is the Second Amendment to the Articles of Incorporation for the corporation and as you will see in the letter from your Division, the filing fee has been prepaid.

Please process and file these documents and return copies of the same to me. Thanks for your assistance and if you have any questions or need more information, give me a call.

Sincerely,


Charlie R. Brown