

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR -7 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 098000099049

1. Corporation Name

MEDICAL DISCOUNTS LIMITED, INC.

2. Principal Office Address

8531 Carrie Lane

3. Mailing Office Address

8531 Carrie Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota Florida

City & State

Sarasota Florida

Zip

34238

Country

Sarasota

Zip

34238

Country

Sarasota

4. Date Incorporated or Qualified
To Do Business in Florida

11-20-98

5. FEI Number

59-3544659

☒ 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

Steven W Swank

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

8531 Carrie Lane

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code
34238

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

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	Steven W Swank	8531 Carrie Lane	Sarasota, FL
sec	John Bortoli	8531 Carrie Lane	Sarasota FL

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 118.07(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:

S.W. SWANK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dec Swank Feb 27, 2003

CR2E081 (10/02)

21 317

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FL 32314

DEAR SIR OR MAM,

BECAUSE OF AN ADDRESS CHANGE AND MY NAME BEING SHOWN AS STEWART INSTEAD OF STEVEN, WE DID NOT RECEIVE OUR YEARLY FILING APPLICATION. I ASK THAT YOU WAVE THE PENALTYS. PLEASE FIND OUR CHECK IN THE AMOUNT OF 308.75. PLEASE SEND COPY OF RENEWAL AND SEE THAT I ADDED 8.75 TO THE 300.00 FEE.

THANK YOU


STEVEN SWANK