

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000105504**

1. Corporation Name

**THE MED ED GROUP, INC.**

Principal Place of Business

Mailing Address

17094 BOCA RATON CLUB BLVD.,#6  
BOCA RATON FL 33487

17094 BOCA RATON CLUB BLVD.,#6  
BOCA RATON FL 33487



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0903207

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MARTINEZ, CECILIA A	17094 BOCA RATON CLUB BLVD.,#6	BOCA RATON FL 33487

400024099574  
10/27/03--01004--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINEZ, CECILIA A  
17094 BOCA RATON CLUB BLVD.,#6  
BOCA RATON FL 33487

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE*

Date

REGISTERED AGENT MUST SIGN

11. 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:

*Cecilia A Martinez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-03 361.995.8947

CR2ED40 (7/03)



*The MedEd Group*

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October 21, 2003

Dear Sir / Madam:

Please find enclosed a check in the amount of \$150.00 for my annual application of reinstatement. Please know that I did not receive this form until two weeks ago and therefore, I am sending it to you now with my payment. Please accept my apologies for being late. Due to my mother's illness for an extended period of time and her recent death, I did not realize that I had not received the application. If you have any questions, please feel free to contact me at 561-995-8947.

Sincerely yours,

Cecilia A. Martinez  
President  
MedEd Group, Inc.