

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith,  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV 18 PM 12:01

DOCUMENT # P98000107075

1. Corporation Name

MDS GROUP PUBLISHING, INC.

Principal Place of Business

800 BRICKELL AVE. SUITE 1100  
MIAMI FL 33131

Mailing Address

800 BRICKELL AVE. SUITE 1100  
MIAMI FL 33131



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

12/28/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0893821

Applied For

Not Applicable

City & State

City & State

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JACKSON, ESTHER	800 BRICKELL AVE, SUITE 1100	MIAMI FL 33131
D	PESATURO, PHYLLIS	800 BRICKELL AVE, SUITE 1100	MIAMI FL 33131
			600008624296 10/28/02--01076--022 **750.00

8. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.  
236 E 6TH AVE  
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

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

*PHYLLIS PESATURO*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/18/02

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:

*PHYLLIS PESATURO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 10/21/02 305-5733700  
Daytime Phone #