PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

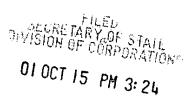
P99000015929 DOCUMENT

1. Corporation Name

MEDICAL WORLD, INC.

Principal Place of Susiness Mailing Address

Signature of Registered Agent



1601 N.W. ! UNIT D MIAMI.FL 3	97TH AVENUE 3172		1601 N.W. 97TH AVENUE UNIT D MIAMI FL 33172								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.=							NSTA'	TEMENT	' <i>(</i>))		
2. New Pr	Address, If Applicable	3. New Maili	lling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 02/18/1999					
Suite, Apt. #, etc. Suite, A				Apt. #, etc.			5. FEI Numbe	r	02/10/18	Applied For	
City & State Cit				City & State			<u> </u>	65-0911226		- Not Applicable	
Zip Country			Zip Country			у	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of Status			itional Fee required rtificate of Status	
7. Names	and Street Add	dresses of Each Officer and	or Director (Flo	rida nonprof	t corpora	tions must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director							
D	PEREZ, ROBERTO F			8904 S.W. 5TH LANE				MIAMI FL 33174			
-											
					9000046497492 -10/23/0101042014						
							****750.00 ****750.00				
							Kroles				
_								P			
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent				
PEREZ, ROBERTO F 8904 S.W. 5TH LANE MIAMI FL 33174					Name PEnd			2. O. Box Number is Not Acceptable)			
					· • •	12733 S.W 627CA Sulte, Apt. #, Etc.				· · · · · · · · · · · · · · · · · · ·	
MIMMI		Suite, Apt. #, 210									
						Mians	<i>:</i> 		State Zip C	33183	
10. I, being	g appointed the	e registered agent of the abo	ve named come	ration, am fa	ımiliar wi	th and accept the ob	oligations of Secti	on 607.0505, F.S.			

SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 filling 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

GISTERED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.