

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000015929

1. Corporation Name

MEDICAL WORLD, INC.

Principal Place of Business

Mailing Address

1601 N.W. 97TH AVENUE  
UNIT D  
MIAMI, FL 33172

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/18/1999

5. FEI Number

65-0911226

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PEREZ, ROBERTO F	8904 S.W. 5TH LANE	MIAMI FL 33174

300004649749--2

-10/23/01--01042--014

\*\*\*\*750.00 \*\*\*\*750.00

10/11/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, ROBERTO F  
8904 S.W. 5TH LANE  
MIAMI FL 33174

Name

PEREZ, ROBERTO F

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

12733 S.W. 62TH

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33183

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.

Signature of  
Registered Agent

ROBERTO F PEREZ

Date

10/11/2001

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:

ROBERTO F PEREZ

Date

10/11/2001

Daytime Phone #

CR2E040 (8/01)