

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 30 PM 5:43

DOCUMENT # **P99000020497**

1. Corporation Name

M/D Financial Services, Inc.

2. Principal Office Address

550 NE 124th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33161

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0910362

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

Marc Douthit

600004705956--7

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

550 NE 124th

-12/05/01-0104--010

*****308.75 ***308.75**

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33161

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

Marc Douthit

Date

11/19/01

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
P.D.	Marc Douthit	550 NE 124th St	MIAMI, FL 33161

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 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:

Marc Douthit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Douthit

11/19/01

305-893-0110

Daytime Phone #

CRZE081 (9/00)

M/D FINANCIAL SERVICES, INC.

550 NE 124th Street
MIAMI, FLORIDA 33161
(305) 893-0110 FAX: (305) 893-7499

November 16, 2001

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

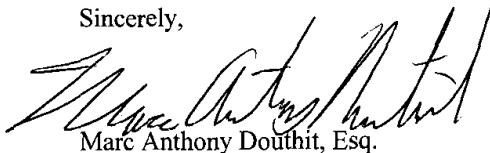
Re: M/D Financial Services, Inc.

Dear Sir or Madame:

Enclosed please find the original Corporate Reinstatement Form and the Uniform Business Report (UBR) for M/D Financial Services, Inc. We did not receive the UBR when it was mailed previously. M/D Financial Services moved to its present location in the early part of the year 2000. The change with respect to the address would have been filed with this report, but it was not forwarded to this office. I have enclosed a check in the amount of \$308.75. This represents the original filing fees and the cost of a certificate of Status.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Marc Anthony Douthit, Esq.
MAD:bd