

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000022405

1. Corporation Name

MEDSAFETY, INC.

Principal Place of Business

Mailing Address

MEDSAFETY, INC.
17251 ALICO CENTER ROAD
FORT MYERS FL 33912

MEDSAFETY, INC.
17251 ALICO CENTER ROAD
FORT MYERS FL 33912

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

2. New Principal Office Address, If Applicable

MEDSAFETY, INC.
Suite, Apt. #, etc. #17
16520 SOUTH TAMiami TR

3. New Mailing Office Address, If Applicable

MEDSAFETY, INC.
Suite, Apt. #, etc. #17
16520 SOUTH TAMiami TR

City & State
FORT MYERS, FL
Zip 33908
Country LEE

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FORT MYERS, FL
Zip 33908
Country LEE

4. Date Incorporated or Assumed
To Do Business in Florida

03/01/1999

FEI Number

65-0900595

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KREPS, GARY	18161 OLD DOMINION COURT	FORT MYERS FL 33908

1000004704861--5
-12/05/01--01001--002
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

KREPS, GARY D
18161 OLD DOMINION CT
FT MYERS FL 33908

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.

Signature of
Registered Agent

Date

10/31/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY D. KREPS

10/31/01

941-482-7750

FILED

01 NOV -2 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR20040 (8/01)