

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

113

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -4 AM 8:01

DOCUMENT # P99000035167

1. Corporation Name

MEDCLAIM ADVOCATES, INC.

Principal Place of Business

1300 ST CHARLES PLACE, #607
PEMBROKE PINES FL 33026

Mailing Address

1300 ST CHARLES PLACE, #607
PEMBROKE PINES FL 33026

1300



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

2. New Principal Office Address, If Applicable

Correct
1300 St Charles

3. New Mailing Office Address, If Applicable

1300 St Charles

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1999

5. FEI Number

65-0912041

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	MILLER, GAYLE	1300 ST CHARLES PLACE, #617	PEMBROKE PINES FL 33026

4000008788644
11/04/02--01089--012 **150.00

8. Name and Address of Current Registered Agent

MILLER, GAYLE E
1300 ST CHARLES PLACE, #617
PEMBROKE PINES FL 33026

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

CR2040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/01/02 AD

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/02 305 357 1920


GAYLE E. MILLER

11/1/02

To Whom it May Concern -

I am the sole officer,
director & shareholder of
Redchain Advocates, Inc.
and ~~the~~ I did not
receive any notices
relative to the company
until I got this certificate
of dissolution. With all due
respect, the mailing address
was incorrectly listed
as 130 St Charles rather
than the correct 1300
St Charles. It is listed
correctly next to my name.
Should you require



additional information,
please call me at
305-357-1922 or
954-987-4970. Thank
you in advance for
waiving all fees,
except for the regular
annual fee of \$150.00
which is enclosed. 
Gay! 