

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 24 AM 11:10

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P99000054366

1. Corporation Name

Florida M.D. Investments, Inc

500031844425
04/05/04--01064--021 **7.50

REINSTATEMENT 00-04

2. Principal Office Address

95 South Federal Highway

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton, Fl.

Zip

33432

Country

Palm Beach

3. Mailing Office Address

95 South Federal Highway

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton, Fl.

Zip

33432

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

6/15/1999

5. FEI Number

20-0890650

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

Michael Dougherty

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

1010 Brooks Lane

Suite, Apt. #, Etc.

City

Delray Beach

State
FL

Zip Code

33483

500031844425
04/05/04--01064--023 **1350.00

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

Michael Dougherty
REGISTERED AGENT MUST SIGN

Date

3/19/04

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
<u>Pres</u>	<u>Michael Dougherty</u>	<u>1010 Brooks Lane</u>	<u>Delray Beach, Fl. 33483</u>

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 taxes 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)(f), 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:

Michael Dougherty Michael Dougherty

Date

3/19/04

Daytime Phone #

561278982

CREATED (e-voice)