

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000060707

1. Corporation Name *Medical Internet Synthesis, Inc.*

2. Principal Office Address - No P.O. Box #

2752 W. HANNON HILL DR

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32309

Country

USA

3. Mailing Office Address

2752 W. HANNON HILL DR

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32309

Country

USA

7. Name and Address of Current Registered Agent

Name

JOHN A. LESTER

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

2457 CARE DR.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

John A. Lester

REGISTERED AGENT MUST SIGN

Date *7.24.09*

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
C.D.	Evon Earl Dussia II	7000 Duck Cove Rd	Tallahassee, FL 32312
P.T.S.D.	John A. Lester	2752 W. HANNON HILL DR.	Tallahassee, FL 32309
D	John A. DuBard	2450 Tim Gamble Dr, Suite 101	Tallahassee, FL 32309
D	W. Frank Di Mare	3545 South U.S. #1	St. Augustine, FL 32086
D	Linda Gager	24 Comares Ave.	St. Augustine, FL 32080
D	Grace Dansby	3800 Appalachee Pkwy	Tallahassee, FL 32311

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 contained in Chapter 119, 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:

John A. Lester

John A. Lester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7.24.09

Daytime Phone #

02850.894.2411

mob 904.347.6731

FILED

09 JUL 24 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300158889413

07/24/09--01010--012 **450.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

7/07/1999

5. FEI Number

59-358-7459

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.