PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Midland Medical Incorporated 2. Principal Office Address - No P.O. Box 6 1421 E. Oakland Park Blvd. 3. Mailing Office Address 1421 E. Oakland Park Blvc. Suite, Apr. 6, etc. 101 101 101 105 State Oakland Park, FL Oakland Park 105 FEI Number 106 State 107 Country 108 State 108 Country 109 Applied For 109 Actinities of Current Registered Agent Name 109 Bob Nelson Suite, Apr. 6, etc. 100 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. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 8. I, being appointed the registered agent of the above named corporation, an hamilar with and accept the obligations of section 607 0505 or 617 0503, F.S. Signature of Registered Agent 101 City State / 250 Code 101 Registered Agent 102 Registered Agent 103 Registered Agent 103 Registered Agent 104 Registered Agent	CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					10 APR -	ILED 9 AMII: 37		
REINSTATEMENT CR2EGSI (11/109) REINSTATEMENT CR2EGSI (11/109) REINSTATEMENT CR2EGSI (11/109) A Date Incorporated or Qualified To Do Business in Rodda 8/26/1999 Settle Address of Country Stock Address of Country REGISTERCD AGENT MUST SIGN Name and Street Addresses of Each Officer andre Director (Florida nonprofit corporations must list at least 3 directors) Name of Stock Address of Each Officer andre Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer andre Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer andre Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer andre Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer andre Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer andre Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer andre Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer andre Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer andre Officer andress of Each Officer andress of Stock officer of Officer andress of Stock officer of Officer andress of Stock officer of Stock officer of Officer andress of Stock off	DOCUMENT # P99000076401 1. Corporation Name									TALLAHAS	RY OF STATE SEE, FLORIDA	
Suite, Apt. #, etc.	Midland Medical Incorporated											
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Oakland Park, FL Oakland Park Oakland Oaklan									To Do Business in Florida 8/26/1999			
Country 333334 USA 33334 USA 333									5. FEI Number Applied For			
7. Name and Address of Current Registered Agent Name Bob Nelson Street Address (P.O. Box Number is Not Acceptable) 1421 E. Oakland Park Blvd. State Registered Agent City State Registered Agent Registered Registered Registered Register Registered Registe	Zip 23231	Country			1 '		i	-	6.	6. \$8.75 Additional Fee requ		
Name Bob Nelson Stree Address (P.O. Box Number is Not Acceptable) 1421 E. Oakland Park Blvd. State Zip Code 101 City Oakland Park 101 City Oakland Park 102 In June and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at less 3 directors) Titles Onticors and/or Director 102 Name of Officers and/or Director 103 Name of Officers and/or Director 104 City Obligation of Registered Agent 105 REGISTERED AGENT MUST SIGN 106 Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at less 3 directors) Titles Onticors and/or Director 104 City / State / Zip 100 REGISTERED AGENT MUST SIGN 102 Street Address of Each Officer and/or Director 104 City / State / Zip 100 City / State /	000.									·	Gertificate of Status	
Registered Agent 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 Name of Officers and/or Directors 1421 E. Oakland Park Blvd. Oakland Park, FL 33334 1001 7 5 1 3 4 3 1 1 04/08/1001034023 ***450.00 0. E-mail Address: bnelson.pride@yahoo.com (To be used for future annuel report notification) 1. Loretity 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 of 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 trust been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under ceth. SIGNATURE:	Bob Nelson Street Address (P.O. Box Number is Not Acceptable) 1421 E. Oakland Park Blvd. Suite, Apt. #, Etc. 101									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		
Name of Officers and/or Directors Post Nelson	Signature of Registered Agent											
P/D Bob Nelson 1421 E. Oakland Park Blvd. Oakland Park, FL 33334 100175184311 04/08/1001034023 ***450.00 15 E-mail Address; bnelson.pride@yahoo.com To be used for future annusul report notification To be used for future annusul report notification To be used for future annusul report notification as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 frame been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Bob Nelson 4/05/2010 954-565-0875	9. Names	and Street Ad	dresses	of Each Officer an	d/or Director (Flo	rida nonpro	ofit corp	orations must list at l	east 3 directors)			
1 DO 1 75 184311 04/08/1001034023 ***450.00 10. E-mail Address; bnelson.pride@yahoo.com To be used for future annual report notification) 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 817, F.S. I further certify that when filling 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 than been said. I further certify, 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: Bob Nelson 4/05/2010 954-565-0875	Titles									City / State	'Zip	
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