

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000076401

1. Corporation Name

Midland Medical Incorporated

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

1421 E. Oakland Park Blvd.

Suite, Apt. #, etc.

101

City & State

Oakland Park, FL

Zip

33334

Country

USA

3. Mailing Office Address

1421 E. Oakland Park Blvd.

Suite, Apt. #, etc.

101

City & State

Oakland Park, FL

Zip

33334

Country

USA

**REINSTATEMENT**

CR2E081 (11/09)

OK-10

4. Date Incorporated or Qualified  
To Do Business in Florida

8/26/1999

5. FEI Number

651112239

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

Bob Nelson

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

1421 E. Oakland Park Blvd.

Suite, Apt. #, Etc.

101

City

Oakland Park

State

FL

Zip Code

33334

☒ 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.

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

Date 4/05/2010

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	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Bob Nelson	1421 E. Oakland Park Blvd.	Oakland Park, FL 33334

100175184311  
04/08/10--01034--023 \*\*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 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. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #