

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 23 PM 3:37

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000079777

1. Corporation Name

MED NATIONAL, INC.

300004562713--7
-08/29/01--01094--010
****900.00 ****900.00

2. Principal Office Address

1560 LATHAM RD.

Suite, Apt. #, etc.

6-7

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

9-2-1999

5. FEI Number

☒ Applied for
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name PANOS ANTONIOU

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

1560 LATHAM RD.

Suite, Apt. #, Etc.

6-7

City

WEST PALM BEACH

State

FL

Zip Code

33409

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
PANOS ANTONIOU
REGISTERED AGENT MUST SIGN

Date 8.21.01

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
PD	PANOS ANTONIOU	1560 LATHAM RD. STE G.	WEST PALM BEACH, FL 33409

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 reasons 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PANOS ANTONIOU

Date

8.22.01

Daytime Phone #

561 683-1696