

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

750,

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000080234

1. Corporation Name

MEDWERKS.COM CORP.

Principal Place of Business

100 NE 3RD AVENUE
STE 490
FORT LAUDERDALE FL 33301

Mailing Address

100 NE 3RD AVENUE
STE 490
FORT LAUDERDALE FL 33301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1999

5. FEI Number

65-0994698

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	NUDEL, JACOB	1 ISLA BAHIA DRIVE 100 NE 3RD AVE #490	FORT LAUDERDALE FL 33316 33301
P	BEAZLEY, DONALD	5070 HANCOCK ROAD 100 NE 3RD AVE #490	FORT LAUDERDALE FL 33330 33301
			200005418962--4 -05/02/02--01007--003 ****150.00 ****150.00
			200005418962--4 -05/02/02--01007--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

NUDEL, JACOB
1 ISLA BAHIA DRIVE
LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name FREDRIC I. GOTTLIER ESQ
Street Address (P.O. Box Number is Not Acceptable)
100 NE 3RD AVE
Suite, Apt. # Etc.
#490
City FT LAUDERDALE
State FL Zip Code 33301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date MARCH 26 2002

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 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: JACOB NUDEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 APR 22 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01-02

CR2E040 (8/01)

954.
462.1114

MARCH 26 2002