

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 17 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000080234

1. Corporation Name

MEDWERKS.COM CORP

2. Principal Office Address

333 LAS OLAS WAY

3. Mailing Office Address

333 LAS OLAS WAY

Suite, Apt. #, etc.

3703

Suite, Apt. #, etc.

3703

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

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. Name and Address of Current Registered Agent

Name

JACOB NUDEL

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

333 LAS OLAS WAY

Suite, Apt. #, Etc.

3703

City

FORT LAUDERDALE

State

FL

Zip Code

33301

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

7/8/06
REGISTERED AGENT MUST SIGN

Date

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 | JACOB NUDEL | 333 LAS OLAS WAY #3703 | FORT LAUDERDALE FL, 33301 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #