

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 SEP 27 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000095648*

1. Corporation Name

MEDI-MAX, Inc

X 100004623871--2
-10/04/01--01068--003
****908.75 ****908.75

2. Principal Office Address

260 CRANDON BLVD.

Suite, Apt. #, etc.

32 433

City & State

KEY BISCAIYNE

Zip

33149-1536

Country

USA

3. Mailing Office Address

260 CRANDON BLVD.

Suite, Apt. #, etc.

32 433

City & State

KEY BISCAIYNE

Zip

33149-1536

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

OCTOBER 22, 1999

5. FEI Number

65-0960851

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

ROBERTO DE LEON

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

260 CRANDON BLVD

Suite, Apt. #, Etc.

32 433

City

KEY BISCAIYNE

State

FL

Zip Code

33149-1536

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

[Signature]

REGISTERED AGENT MUST SIGN

R.A. & President

Date

9/6/2001

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
<i>P</i>	<i>ROBERTO DE LEON</i>	<i>260 CRANDON BLVD, # 32 433</i>	<i>KEY BISCAIYNE, FL 33149</i>

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 under section 119.07(3)(a), 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

PRESIDENT

9/6/01

Date

305 790-7778

Daytime Phone #