PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

((H03000287645 3)))

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

((H03000287645 3)))

FILED
03 SEP 30 AM 9:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

REINSTATEMENT 01-03

DOCUMENT # P99000105875

1. Corporation Name
MEDICAL PLANET CORP.

2. Principal Office Address		3. Mailing Office Address	
2001 NW 7TH STREET		2001 NW 7TH STREET	
Suite, Apt. #, etc. SUITE 202		Suite, Apt. #, etc. SUITE 202	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33125	Country U.S.A.	Zip 33125	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 12/07/1999

5. FEI Number 65-0966963 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name MARILYN LORENZO

Street Address (P.O. Box Number is Not Acceptable) 2001 NW 7TH STREET

Suite, Apt. #, Etc. SUITE 202

City MIAMI | State FL | Zip Code 33125

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 Marilyn Lorenzo Date 09/30/2003
REGISTERED AGENT MUST SIGN

CR2E063 (10/02)

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
PRES	MARILYN LORENZO	2001 NW 7TH STREET - STE. 202	MIAMI, FL. 33125

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)(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: Marilyn Lorenzo MARILYN LORENZO 09/30/2003 (305) 382-8013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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From:
Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

MEDICAL PLANET CORP.

Certificate of Status	0
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