

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S08253

1. Corporation Name

Medical Cable Specialist, Incorporated

2. Principal Office Address - No P.O. Box #

8022 118th Avenue N

Suite, Apt. #, etc.

City & State

Largo, FL

Zip
33773

Country
USA

3. Mailing Office Address

2133 Old Fanning Bridge Rd

Suite, Apt. #, etc.

City & State

Fletcher, NC

Zip
28732

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/90

5. FEI Number

59-3038206

Applied Fee

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Grace Slater

Street Address (P.O. Box Numbers Not Acceptable)
12615 116th St N

Suite, Apt. #, Etc.

City
Largo

State
FL

Zip Code
33778

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Grace Slater

REGISTERED AGENT MUST SIGN

Date **5/22/2007**

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
President	Grace Slater	12615 116th St N	Largo, FL 33778
Vice President	Andrew Skinner	4 Springside Drive	Hendersonville, NC 28792

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:

Grace Slater

Grace Slater

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/2007 727-288-6337

Date

Daytime Phone #

07 JUN 14 PM 2:52
TALLAHASSEE, FLORIDA

REINSTATEMENT 1997-2007
CR2E081 (1/07)

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