

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 15 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S29992

1. Corporation Name

MEDICH ENTERPRISES, INC.

11318 Carrollwood Dr.
11318 Carrollwood Dr.

2. Principal Office Address

11318 Carrollwood Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

11318 Carrollwood Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33618

Country

USA

Zip

33618

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

Feb 6, 1991

5. FEI Number

59-3046795

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

07-15-04 01028 005 1317.50

03-01

7. Name and Address of Current Registered Agent

Name

Medich, David S.

Street Address (P.O. Box Number is Not Acceptable)
11318 Carrollwood Dr.

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33618

REINSTATEMENT

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**

David S. Medich

REGISTERED AGENT MUST SIGN

Date

July 12, 2004

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
D	Medich, David S.	11318 Carrollwood Dr.	Tampa, FL 33618

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:

David S. Medich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 12, 2004

Daytime Phone #

(813) 932-3264

CR2E081 (01/04)

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Medich Enterprises, Inc.

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

To whom it may concern:

This corporation did not receive the Uniform Business Report.

**Please wave any penalty and re-instate Medich Enterprises, Inc.
at your earliest convenience.**

Thank you in advance for your assistance.