

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 13 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # SW3594

1. Corporation Name

Medical Industries Holdings, Inc.

100005108491--0

-03/14/02--01064--015

*****900.00 *****900.00

REINSTATEMENT 01-02

2. Principal Office Address

7028 Fish Creek Lane

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33411

Country

U.S.A.

3. Mailing Office Address

7028 Fish Creek Lane

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33411

Country

U.S.A.

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

6/28/91

5. FEI Number

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 E. Scott Nunley, Esquire c/o Becker & Poliakoff, P.A.

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

500 Australian Avenue South

Suite, Apt. #, Etc.

Ninth Floor

City

West Palm Beach

State

FL

Zip Code

33401

8. I, being appointed the registered agent of the above named corporation, am signing with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3-11-2001

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
P	Jean Johnstone Ray	7028 Fish Creek Lane	West Palm Beach, FL 33411
V.P.	Bradley Ray	7105 Catalina Isle Drive	Lake Worth, FL 33467
Sec.Tr.	Todd F. Walker	442 West Kennedy Blvd., #200	Tampa, FL 33606
Dir.			

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:

Bradley T. Ray, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-2001 (SA) 436-5600

Date

Daytime Phone #

CR2E081 (9/01)