#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

# DOCUMENT #

1. Corporation Name

#### MEDALLION GROUP, INC.

Principal Place of Business

Mailing Address

1748 INDEPENDENCE BLVD

P.O. BOX 2899

City & State

Zip

SARASOTA FL 34234

SARASOTA FL 34230

US

**VSD** 

D

If above addresses are incorrect in any way, line thro	ough incorrect information and enter correction below.
2 New Principal Office Address If Applicable	3 New Mailing Office Address If Applicable

/800 S	ECONO	STREET
Suite, Apt. #, etc.	97	$\subset$
SU178 City & State 0 =	/ ( -	<u> </u>

3. New Mailing Office Address, If Applicable

Country

To Do Business in Florida

02/27/1992

5. FEI Number

65-0316510

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director			(Florida nonprofit corporations must list at least 3 directors)		
	Name of Officers		Street Address of Each		
Title(s)	and/or Directors		Officer and/or Director	- 1	

	 <u> </u>
PTD	MORRIS, CHARLEST H.O. MORELS, CHARLES H.O.

MORRIS, MARILEE ANN

MOPRIS, POBERT A.

1800 SECOND ST, SULTE 1749-INDEPENDENCE-BLVD-STE-B-5--

1748 INDEPENDENCE BLVD STE-B-5"

1800 SECOND ST., SUITE 975

1800 SECOND ST.,

SARASOTA FL 34234

FILED

03 NOV 26 AM 8:30

SECRETARY OF STATE TALLAPIASSEE, FLORIDA

34236

SARASOTA FL-34234- 34236

City / State / Zip

SAMASOM, FL 34236

700024387227 11/03/03--01093--004 \*\*150.00

700024387227 11/26/03--01009--004 \*\*600.00 9. Name and Address of New Registered Agent

8.	Name and	Address	of	Current	Registered	Agent
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Name

SAME

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

1800 SECONO STREET

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SUITE B-5

MORRIS, ROBERT A.

SARASOTA FL 34234

1748 INDEPENDENCE BLVD

11. 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 filling 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.

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR