

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JAN 22 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V31767**

1. Corporation Name

MEDICUS COMPANY, INC.

Principal Place of Business

**1455 NW 14TH ST.
MIAMI FL 33125**

Mailing Address

**1455 NW 14TH ST.
MIAMI FL 33125**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
3189 SW 8TH Street

City & State
Miami, FL

Zip
33135

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
3189 SW 8TH Street

City & State
Miami, FL

Zip
33135

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1992

5. FEI Number

65-0329606

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVT	VILARCHAO, LAZARO	1455 NW 14TH ST. 3189 SW 8TH Street	MIAMI FL 33125 33135
SD	VILARCHAO, LAZARO	1455 NW 14TH ST. 3189 SW 8TH Street	MIAMI FL 33125 33135
			100004911551--1 -02/12/02--01046--009 ****500.00 ****500.00
			100004911551--1 -02/12/02--01046--010 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

**VILARCHAO, LAZARO
1455 NW 14TH ST.
MIAMI FL 33125**

9. Name and Address of New Registered Agent

Name

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

3189 SW 8TH Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

01/02/2002

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAZARO VILARCHAO

01/02/2002

Date

Daytime Phone #

305-643-0036

11:50AM

CR2E040 (8/01)