

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

00-03 UBE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 11:08

DOCUMENT # 316109

1. Corporation Name

Medical Arch Corporation

2. Principal Office Address

5380 Joe's Creek Dr N

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33709

Country

USA

3. Mailing Office Address

5380 Joe's Creek Dr N

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33709

Country

USA

4. Date Incorporated or Qualified
to Do Business in Florida

04/01/67

5. FEI Number

59-1203764

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Corporate Certificate of Status

7. Name and Address of Current Registered Agent

Name

Helen Ezzo

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

5380 Joe's Creek Dr N

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33709

000012465000

05/07/03--01/04--008 **\$0.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0535 or 617.0503, F.S.

Signature of
Registered Agent

Helen Ezzo

REGISTERED AGENT MUST SIGN

Date *April 25-03*

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/D	Patrice Ezzo McGettigan	5440 Joe's Creek Dr N	St. Petersburg, FL 33709
V/D	Christopher Ezzo	10244 - 130th Way	Largo, FL 33774
T/D	Elise Ezzo Curotto	8416 Littleleaf Court	Orlando, FL 32835
D	Stephèn Ezzo	4243 Country Lane	Charlotte, NC 28270
S/D	Paul Ezzo	2291 SW Racquet Club Dr	Palm City, FL 34990

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:

Patrice Ezzo McGettigan

Patrice Ezzo McGettigan 4/27/03

Date

Daytime Phone #

727/527/0370

5/15
aw

CR2E081 (10/02)