PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 NOV -5 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M50387**

1. Corporation Name

PROMEDICA, INC.

Principal Place of Business	Mailing Address
~~5501-D AIRPORT BLVD~~ ~~TAMPA FL 33634~~	~~5501-D AIRPORT BLVD~~ ~~TAMPA FL 33634~~

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
114 DOUGLAS ROAD EAST	114 DOUGLAS ROAD EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
OLDSMAR, FL	OLDSMAR, FL
Zip 34677 Country USA	Zip 34677 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/16/1987

5. FEI Number: 59-2799915 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~P~~	~~SPANN, JAMES T.~~	~~61 WINDWARD ISLAND~~	~~CLEARWATER FL~~
~~EVCF~~	~~PADINSKE, RON~~	~~790 N HIGHLAND AVE~~	~~TARPON SPRINGS FL 34689~~
P	PADINSKE, RON	790 N. HIGHLAND AVE	TARPON SPRINGS FL 34689
		REINSTATEMENT 01	

8. Name and Address of Current Registered Agent

JAMES T SPANN
61 WINDWARD
CLEARWATER FL 33634

9. Name and Address of New Registered Agent

Name: RON PADINSKE
Street Address (P.O. Box Number is Not Acceptable): 790 N. HIGHLAND AVE.
Suite, Apt. #, Etc.:
City: TARPON SPRINGS State: FL Zip Code: 34689

CR2E040 (8/01)

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.

600004698266--0
-11/29/01--01048--002
****750.00 ****750.00

Signature of Registered Agent: Ronald J Padinske SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11/1/01

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: Ronald J Padinske SIGNATURE REQUIRED 11/01/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #