

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION  
 FOR  
 REINSTATEMENT

FILED

99 DEC 13 AM 11:38

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N98000001778  
 1. Corporation Name  
 Medical Center for Preventive and  
 Nutritional Medicine, Inc.

Principal Place of Business Mailing Address  
 8085 38th. Ave. North  
 St. Pete., Fl.

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

2. New Principal Office Address, if Applicable 8085 38th. Ave North Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida MARCH 26, 1998	
City & State St. Pete		City & State		5. FEI Number 59-3516152	
Zip 33710	Country Pinellas	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Joseph DiStefano	8085 38th Ave North	St. Pete, Fl. 33710
Dir	Vincent DiStefano	8077 38th Ave north	St. Pete, Fl. 33710
Dir	Daniel B. Mayer D.O.	@4014 State Road 54	Lutz, Fl.

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Joseph Distefano 8085 38th Ave. North St. Pete., Fl 33710		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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]* Date: 12-6-99  
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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]* Date: 12-6-99 (227)572-6745  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Joseph DiStefano Daytime Phone #

CR2E061 (12/98)

MEDICAL CENTER FOR PREVENTIVE  
AND NUTRITIONAL MEDICINE, INC.

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December 6, 1999

Florida Division of Corporation:

To whom it may concern,

Per our telephone conversation, Do to an address change no notices were received as of 1999. Therefor we request late fee's be waved. Inclosed is a check for \$61.25 and the fee for certificate.

Sincerely,

  
Joseph DiStefano

61.25  
+ 8.75 Certificate fee

\$70.00