

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **P00000034105**

1. Corporation Name

**SFMSC.COM, INC.**

Principal Place of Business

5001 SW 70TH AVENUE  
 FORT LAUDERDALE FL 33314-4901

Mailing Address

5001 SW 70TH AVENUE  
 FORT LAUDERDALE FL 33314-4901

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

2. New Principal Office Address, If Applicable

6700 GRIFFIN ROAD

Suite, Apt. #, etc.  
Suite A

City & State  
DAVIE, Florida

Zip  
33314

Country  
USA

3. New Mailing Office Address, If Applicable

6700 GRIFFIN RD

Suite, Apt. #, etc.  
Suite A

City & State  
DAVIE, Florida

Zip  
33314

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida

03/31/2000

5. FEI Number

65-1006294

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
DPST	STRAIN, RICHARD E JR	5001 SW 70TH AVENUE	FORT LAUDERDALE FL 33314

800023766658  
 10/13/03--01100--007 \*\*150.00

8. Name and Address of Current Registered Agent

**PLOUCHA, L M**  
**1946 TYLER ST**  
**HOLLYWOOD FL 33020**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03 954 791-9391

Date

Daytime Phone #

CR2E040 (7/03)

**SOUTH FLORIDA MUSCULOSKELETAL CARE.COM, INC.**

RICHARD E. STRAIN, JR., M.D.  
President

P.O. Box 293190  
Davie, FL 33329-3190  
Tel: (954) 791-9391  
Fax: (954) 791-9338  
[www.SFMSC.com](http://www.SFMSC.com)

JUDY A. VAUGHAN  
Administrator

October 12, 2003

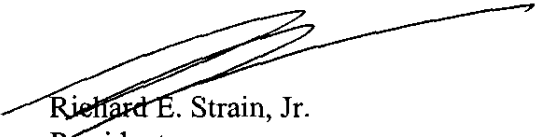
Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Fl. 32399

To Whom It May Concern:

Please reinstate SFMSC.Com, Inc to active status. SFMSC did not receive the two prior uniform business report (UBR) notices. Please waive the reinstatement fee. I have enclosed the UBR notice with a check for \$150.00.

If further information is needed, I can be reached at 954 791-9391. Thank you for your attention to this matter.

Very truly yours



Richard E. Strain, Jr.  
President