PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 24 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000020514**

1. Corporation Name

SHORELINE MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~2454 E. MICHIGAN STREET~~ ~~ORLANDO FL 32806~~	~~2454 E. MICHIGAN STREET~~ ~~ORLANDO FL 32806~~

REINSTATEMENT 2000

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
10400 Cogdill Road	1040 Gardner Road
Suite, Apt. #, etc.: Suite 103	Suite, Apt. #, etc.: Unit 1B
City & State: Knoxville, TN	City & State: Charleston SC
Zip: 37932 Country: USA	Zip: 29407 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/14/1994

5. FEI Number: 65-0509046 ☐ 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
~~D~~	~~COURTHEN, DANIEL B~~	~~821 FRANCES STREET~~	~~KEY WEST FL 33040~~
~~D~~	~~BATES, TIMOTHY O~~	~~2454 E. MICHIGAN STREET~~	~~ORLANDO FL 32806~~
~~D~~	~~BANKS, KIRK T~~	~~2454 E. MICHIGAN STREET~~	~~ORLANDO FL 32806~~
Pres: Director	James M. Loftis SR	1040 Gardner Road Unit 1B	Charleston, SC 29407
			100003455401---3 -11/07/00--01074--025 ******8.75 ******8.75
			100003455401---3 -11/07/00--01074--026 ******750.00 ******750.00

8. Name and Address of Current Registered Agent

BANKS, KIRK T
2454 E. MICHIGAN STREET
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name: Rebecca R. IRISH
Street Address (P.O. Box Number is Not Acceptable): 1835 Edgewater Drive
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32804

CR2E040 (8/00)

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: Rebecca R. Irish SIGNATURE REQUIRED Date: 10/18/00
REGISTERED AGENT MUST SIGN

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 James M. Loftis SR 10/18/00 (843) 766-8485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #