

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED 99 DEC 27 PM 12: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000047925 1. Corporation Name SunBelt Medical Publishers, Inc.

Principal Place of Business Mailing Address P.O. Box 13512 Tallahassee, FL 32312 P.O. Box 13512 Tallahassee, FL 32312

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 4. Date Incorporated or Qualified To Do Business in Florida June 19, 1995 5. FEI Number 59-3328418 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows for Pres. Matthew M. Cohen and Sec. Leslie A. Cohen.

REINSTATEMENT 99 SP 600003087496--4 01/04/00--01063--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent: Jana Cohen Blackman, Sonnenscherin, Nath & Rosenthal, 8000 Sears Tower, Chicago, IL 60606. 9. Name and Address of New Registered Agent: Name: Jana Cohen Blackman, Street Address: c/o Matthew M. Cohen 6515 Aqueduct Ct., City: Tallahassee, State: FL, Zip Code: 32308.

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] REGISTERED AGENT MUST SIGN, as required agent Date: 10/26/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [X] 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] MATTHEW M. COHEN, M.D. 12/26/99 (850)386-2411 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #