

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

96 NOV 15 AM 8:57

1996
MWB
11-20-96

1. Name and Mailing Address of Corporation: DOCUMENT # P93000016737

HEALTH CARE ADVISORY GROUP, INC.
3601 W. Swann Avenue, Suite 103
Tampa, Florida 33609

2. If a corporation (other than a foreign corporation) or any other entity, under the control and management of a foreign corporation, the name of the foreign corporation can be changed only in RECENTADEE, FLORIDA

Address 1222 S. Dale Mabry St #617

Address

City and State TAMPA, FL

Zip Code 33629

3. Date incorporated or Qualified To Do Business in Florida

02/27/95

4. FEI Number

59-3368376

FEI Number Applied For

FEI Number Not Applicable

CERTIFICATE OF STATUS DERIVED

6. Name and Street Address of Each Officer and/or Director

1. Title	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number)	4. City and State
P/D	R. Stephen Venable	1222 S. Dale Mabry St #617	Tampa, FL 33629

400002010774-0
-11/21/96-01023-008
375.00

7. Name and Address of Current Registered Agent

R. Stephen Venable
3601 W. Swann Avenue, Suite 103
Tampa, Florida 33609

8. Name and Address of New Registered Agent and/or Officer

Name R. Stephen Venable
Street Address (Do NOT Use P.O. Box Number) 1222 S. Dale Mabry St #617
Street Address (Do NOT Use P.O. Box Number)
City and State TAMPA FL Zip 33629

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.006, F.S.

Signature of Registered Agent R. Stephen Venable

Date 11-14-96

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director R. Stephen Venable
Typed or printed name of signing officer or director R. Stephen Venable

Date 11-14-96

Deputy Person # 823-828-128