

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 NOV 15 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000084834**

1. Corporation Name
PREFERRED MEDICAL INC.

Principal Place of Business 3304 PICO DRIVE TAMPA FL 33614	Mailing Address 3304 PICO DRIVE TAMPA FL 33614
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

4/14/99 90101 044 \$150.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/29/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3545248	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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	4. City / State / Zip
D	SANDOVAL, MARITZA	3304 PICO DRIVE	TAMPA FL 33614

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. Name and Address of New Registered Agent Name <i>VICTOR CHENY</i> Street Address (P.O. Box Number is Not Acceptable) <i>3837 NORTONDALE BLVD</i> Suite, Apt. #, Etc. <i>SUITE #245</i> City <i>TAMPA</i> State FL Zip Code 33624	
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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 Date **10-25-99**

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)(l), 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: *Maritza Sandoval* 10-25-99 (813) 933-0316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EDMG (8/99)