Babouse abbusiness Assignment Assignme	APPLICATION FOR REINSTATEMEN	BO	Societary of Division of Corre	mamutate RATIONS	98 AUD ED	
Source processes are nearest in any way, Inc Brough incorrect information and entire correction below. A Date Incorporated or Quasified To De Bueness in Population To De Bueness	1. Corporation Name	NSTATE	VIENT 1990	1-98	98 AUG 28 MI 10: 16 TALLATIASSIE, FLORITE	
Fort Myers, FI 33919 Fort Myers, FI 33919	4				1104	
If pbove addresses are incorrect in any way, line through incorrect information and enter correction below. 2 New Principal Cifice Address # Applicable 2030 Crawford Street 203	6302 Torporate Co	ourt 630	2 Corporate Co	ourt		
2 Now Mining Office Address. If Applicable 2 030 Crawford Street 3 050 Energy of the Company of the	Fort Myers, Fl 33	1919 For	t Myers, Fl 33	1919		
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Fort Myers, Florida Fort Myers, Florida Tourity Lee Centificate of Status Desired Centificate of Status Desired De					·	
39901 Lee 39901 Lee 39901 To Receive Address of Each Officer and/or Director (Florida nonprofit corporations must list at least and second Address of Each Officer and/or Directors Name of Officers Name officers	Fort Myers, Flor	ida For	t Myers, Flori	da 6.	\$8.75 Additional Fed	required
Title(s) 2	33901 Lee	3.	3901	Lee	— to a certificate of	Status
B. Name and Address of Current Registered Agent Vi jaya Ratnesar Vi jaya Ratnesar Street Address (P.O. Box Number is Not Acceptable) South, April, Etc. Surfer Agriculture of Pending appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Pending appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Pending Determination Intangible Personal Property tax due June 30. Pending Determination (See other side for information on intangible lax.)	Title(s) Name of and/or (Name of Officers and/or Directors		reet Address of Each fficer and/or Director City / State / Zip		
8. Name and Address of Current Registered Agent Vijaya Ratnesar Vijaya Ratnesar Street Address (P.O. Box Number is Not Acceptable) Suite, Rpt. W. Etc. City Fort Myers Fort Myers, F1 33919 City Fort Myers State Zip Code 33901 City Fort Myers FL 33901 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. PENDING DETERMINATION (See other side for information on intangible tax.) (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 filling 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 foces over by the or propared in the been paid and the names of individuals listed on this form do not quality for an exemption under section 190,07(3)(F.S. The indicated)	/S/T/D Vijaya Ratne	sar	2030 Craw	wford Street Fort Myers, FL 33901		1
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Vijaya Ratnesar Street Address (P.O. Box Number is Not Acceptable) 2030 Crawford Street Fort Myers, F1 33919 City Fort Myers State FL 33901 City Fort Myers State FL 33901 Date 7/25/98 II. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. PENDING DETERMINATION Yes No See other side for information on intangible tax.) See other side for information on intangible tax.) City Fort Myers PENDING DETERMINATION Yes No See other side for information on intangible tax.)						-6 00
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O. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S. Date 7/25/98 II. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. PENDING DETERMINATION (See other side for information on intangible tax.) See other side for information on intangible tax.) 2. 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 filling 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)(f), F.S. The information indicated		s of Current Registered	1 Agent	9. Name Name Vijava Ratne	-08/27/9801078015 ***1350.00 ***1350.	
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CAPITAL CONNECTION, INC.

417 E. Virglofa Street, Sulte 1 • Tallalassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gulf Coast Medical Associates, P.A.	
	Art of Inc. File LTD Partnership File Foreign Corp. File
	L.C. Fife Fictitious Name Fife Trade/Service Mark Merger Fife Art. of Amend. Fife RA Resignation
1/5//	Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing
	Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search
Signature	Fictitious Search Fictitious Owner Search Vehicle Search Driving Record
Requested by: S 27 10:10 Name Date Time	UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval