

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS
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FILED

02 APR 16 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-02

DOCUMENT # FD0000002897			
1. Corporation Name TCI Bay Plaza II, Inc.			
2. Principal Office Address 1800 Valley View		3. Mailing Office Address 1800 Valley View	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dallas Texas		City & State Dallas Texas	
Zip 75234	Country USA	Zip 75234	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/23/00	
5. FEI Number 75-2892535	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City
Plantation

300005449883--4
-05/03/02--01052--025
****150.00 ****150.00
300005449883--4
-05/03/02--01052--026
****150.00 ****150.00
State FL Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS.

Signature of Registered Agent 
REGISTERED AGENT MUST SIGN

Michael E. Jones
Assistant Secretary

Date April 11, 2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Mark W. Branigan	1800 Valley View	Dallas, TX 75234
T/D	Ronald E. Kimbrough	1800 Valley View	Dallas, TX 75234
S/D	Robert A. Waldman	1800 Valley View	Dallas, TX 75234
VP	Thomas Bell	1800 Valley View	Dallas, TX 75234
VP	John R. Cook	1800 Valley View	Dallas, TX 75234
VP	David W. Starowicz	1800 Valley View	Dallas, TX 75234

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert A. Waldman, Secretary

Date

4-11-02

469-522-4200
Daytime Phone #

B



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 12, 2002

SEBASTIAN INLET ANESTHESIOLOGY, INC.
P.O. BOX 701436
WABASSO, FL 32970

300005449823--0

-05/03/02--01052--011

****900.00 ****900.00

SUBJECT: SEBASTIAN INLET ANESTHESIOLOGY, INC.
Ref. Number: P00000099515

We have received your document for SEBASTIAN INLET ANESTHESIOLOGY, INC. and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

Because your reinstatement was not completed in time for you to receive a annual report form/uniform business report, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$900.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 102A00008531