PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

F00000006444 DOCUMENT #

1. Corporation Name

LEONARD MEDICAL MARKETING, INC.

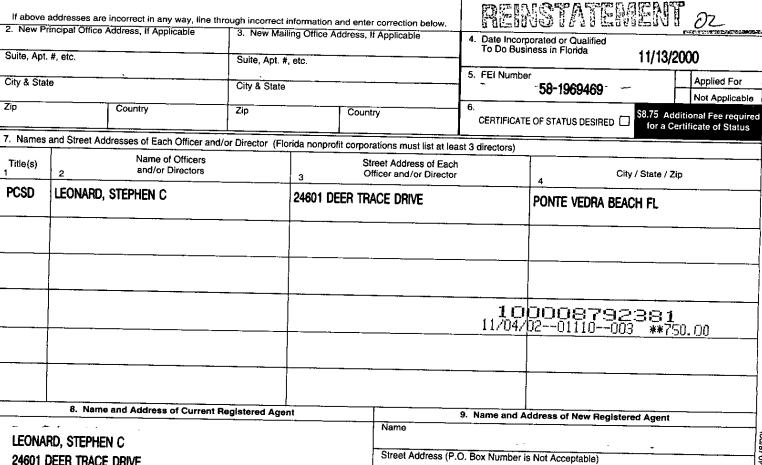
Principal Place of Business

Mailing Address

24601 DEER TRACE DRIVE PONTE VEDRA BEACH FL 32082 24601 DEER TRACE DRIVE PONTE VEDRA BEACH FL 32082 FILED

02 HOV -4 PM 1:09

SECRETARY OF STATE TALL AHASSEE, FLORIDA



Signature of Registered Agent

24601 DEER TRACE DRIVE PONTE VEDRA BEACH FL 32082

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. or 617.0505, F.S.

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 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)(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.

Suite, Apt. #, Etc.

City

10/30/02 904-280-5602 Date Daytime Phone #

State | Zip Code

CR2E040 (8/02)