PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1997 NOV -5 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000545 (1)

1. Corporation Name
EQMD, INC.

Principal Place of Business
2171 SANDY DRIVE
STATE COLLEGE PA
16803

Mailing Address
SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 1-31-96

5. FEI Number: 25-1668112 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO DC	Colkitt, Douglas R MD	2171 SANDY DR	State College, PA 16803
Sec.	Colkitt, Marcy L	176 Timbo Springs Estate	Indiana PA
CFO	Beckett, Daniel L	2171 SANDY DRIVE	STATE COLLEGE PA 16803
D	Dedel, Jerome D. MD	2171 SANDY DRIVE	STATE COLLEGE PA 16803

REINSTATEMENT 9748 11/5/97

P00002841872----4
-11/07797--01098--001
$8.75 $8.75

8. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number s Not Acceptable)
Suite, Apt. #, Etc
City | State: FL | Zip Code

P00002841872----4
-11/07797--01098--002
$750.00 $750.00

CHECK

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: Connie Bryan
REGISTERED AGENT MUST SIGN

COUNTY
SPECIAL ASSISTANT SECRETARY
Date: 11-5-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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., 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: Daniel Beckett CFO 11/5/97 814-238-0375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #