PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JUL -1 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000001355

1. Corporation Name

STARMED HEALTH PERSONNEL, INC.

Principal Place of Business
28100 US HGHWY 19 N
Suite 306
Clearwater FL 33761

Mailing Address
C/o Medical Resources, Inc.
155 State Street
Hackensack, NJ 07601

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: 3-18-96

5. FEI Number: 59-3297579 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Gregory Mikkelsen	28100 US Highway 19 N Suite 306	Clearwater, FL 33761
S-V-D	Geoffrey A. Whynot	C/o Medical Resources, Inc. 155 State Street	Hackensack, NJ 07601

600002588596--7
-07/14/98--01032--010
****900.00 ****900.00
9-28-98
7/1/98

REINSTATEMENT

8. Name and Address of Current Registered Agent
The Prentice Hall Corporation System, Inc.
1201 Hays Street
Suite 105
Tallahassee, FL 32301

9. Name and Address of New Registered Agent
Name: Gregory Mikkelsen
Street Address (P.O. Box Number is Not Acceptable): 28100 US Highway 19 North
Suite, Apt. #, Etc.: Suite 306
City: Clearwater | State: FL | Zip Code: 33761

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: 6/25/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GREGORY L. MIKKELSEN

Date: 6/25/98
Daytime Phone #: 813-796-8881

CR2E040 (1/98)