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	Mailing Address
28100 US HGHWY 19 N Suite 306 Clearwater FL 33761	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	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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)

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
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

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REINSTATEMENT 7/14/98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
The Prentice Hall Corporation System, Inc. 1201 Hays Street Suite 105 Tallahassee, FL 32301	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

CR2E040 (1/98)

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: Gregory Mikkelsen
REGISTERED AGENT MUST SIGN

Date: 6/15/98

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: Gregory Mikkelsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/15/98

Daytime Phone #: 813-796-8881