

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -3 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001952

1. Corporation Name
PROFILES PLUS, INC.

Principal Place of Business Mailing Address
1900 CHURCH STREET, SUITE 400 1900 CHURCH STREET, SUITE 400
NASHVILLE TN 37203 NASHVILLE TN 37203



REINSTATEMENT *qqd*

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/06/1998	
City & State		City & State		5. FEI Number 62-1734503	
Zip		Zip		-APPLIED FOR	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
<i>PD</i>	SHMERLING, MICHAEL D	1900 CHURCH STREET, SUITE 400	NASHVILLE TN 37203
<i>PT</i>	PRIEST, SUSAN Paciotti, Nazzareno E.	29298 U.S. 19, SUITE 205 900 Third Avenue	CLEARWATER FL 33761 New York, NY 10022
SD	ROSEN, A.M. Abram S. Gordon	1900 CHURCH STREET, SUITE 400 9113 Le Saint Drive	NASHVILLE TN 37203 Fairfield, OH 45014
<i>Asst. Sec</i>	HOFFMAN, JAMES Perel, Sabrina H.	1900 CHURCH STREET, SUITE 400 900 Third Avenue	NASHVILLE TN 37203 New York, NY 10022
			300003046593--1 -11/17/99--01005--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PRIEST, SUSAN 29298 U.S. 19, SUITE 205 CLEARWATER FL 33761		Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.
Signature of Registered Agent *Laura R. Dunlap* REGISTERED AGENT MUST SIGN *Laura R. Dunlap as its agent* Date 11-2-99

11. I certify that I am an officer or director 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)(l), 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: *Abram S. Gordon* V.P. & Secretary 10/26/99 (513)881-5481
Date Daytime Phone #

KE