

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 31 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K15584

1. Corporation Name

Crampton and Accociates PA
DBA Childrens Medical Group

2. Principal Office Address

975 Arthur Godfrey Road

Suite, Apt. #, etc.

102

City & State

Miami Beach

Zip

33140

Country

Dade

3. Mailing Office Address

C/O IVAN A. GOMEZ

601 Brickell Key Drive

Suite, Apt. #, etc.

507

City & State

Miami, Florida

Zip

33131

Country

Dade

REINSTATEMENT

02

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/15/1998

5. FEI Number

65-0027368

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

I.A.G. Corporate Services Inc

Street Address (P.O. Box Number is Not Acceptable)

601 Brickel Key

Suite, Apt. #, Etc.

507

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

IAG CORPORATE SERVICES, INC.
By: *[Signature]* PRES
REGISTERED AGENT MUST SIGN

Date

12/23/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Donald R Crampton, M.D.	975 Arthur Godfrey Road #102	Miami Beach, FL, 33140

10. 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]
Donald R Crampton, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/2002

Date

3055310048

Daytime Phone #

CR2E081 (9/01)

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