PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLET	ING THIS FO	RM.	-
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mol Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	7			
DOCUMENT # K38238 1. Corporation Name			98 DEC 24 AM 8: 32			
ELIZABETH I.G. OKULSKI, M.D., P.A.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business	ipal Place of Business Mailing Address					
1 295_S_PINELLAS_AVE - TARPON SPGS FL 34689 US	1935 S-Pinellas ave * Tarpon SPGS FL 34689 US					
If above addresses are incorrect in any way, line through incorrect information and enter co. New Principal Office Address, If Applicable 3. New Mailing Office Address, if Ap				orated or Qualified		7
767 Chesapeake Dr. Suite, Apt. #, etc.	Suite, Apt. #, etc. 767 Chesapeake Dr		To Do Busin 5. FEI Number	ess in Florida	10/11/1988	_
City & State Language State State State	3 State Springs Tarpon Springs			59-2912114	Applied For Not Applicable	
34689 USA	Zin (Countr		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee requirement for a Certificate of Status	eď
7. Names and Street Addresses of Each Officer and Name of Officers	Str	eet Address of Each				\exists
Title(s)		ficer and/or Director e Post Office Box Nu	ımbers) .	TARPON SPGS FL	ty / State / Zip	-
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REINSTATEMENT 18 19 19 19 19 19 19 19 19 19 19 19 19 19						
			200002726842-2			
				****750.	00 *****750.00	7.
8. Name and Address of Current	Registered Agent	Name	9. Name and A	ddress of New Regist	ered Agent	1
OKULSKI, ELIZABETH I.G.		Name Street Address (P.O. Box Number is Not Acceptable) Suite Ant # Ftc				
1305-S-PINELLAS-AVE 767 Chesa peake Dr. TARPON SPGS FL 34689		Suite, Apt. #, Etc.				CRZE
		City	State Zip Code FL			
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 REGISTERED AGENT MUST SIGN Date 12-21-98						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No					er side for information 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #						