PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 W800

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

FILED
02 NOV -7 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-11/07/02--01049--012 **150.00

DOCUMENT # K74482

1. Corporation Name

METRO MEDICAL PLAZA, INC.

Principal Place of Business	Mailing Address
13691 METRO PARKWAY SOUTH SUITE 100 FT MYERS FL 33912 US	13691 METRO PARKWAY SOUTH SUITE 100 FT MYERS FL 33912 US

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: **03/21/1989**

5. FEI Number: **NOT APPLICABLE** ☐ 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 3	City / State / Zip 4
P	HOLMES, JOSEPH J	13691 METRO PKWY S STE 100	FORT MYERS FL 33912

8. Name and Address of Current Registered Agent

HOLMES, JOSEPH J
13691 METRO PKWY S
STE 100
FT MYERS FL 33912

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED President Date: 10-30-02
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED Joseph J. Holmes Jr 10-30-02 239-768-5866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Metro Medical Plaza Associates, Ltd.

Corner of Daniels Road and Metropolitan Parkway

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 30, 2002

Dear Sir or Madam,

Metro Medical Plaza Inc. did not receive prior UBR notices for 2002. Please consider the enclosed application and payment for reinstatement.

Thank you for your consideration,

Joseph J Holmes Jr., President
Metro Medical Plaza Inc.