

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L80138

1. Corporation Name

SENIORS MEDICAL PLANS, INC.

Principal Place of Business

12458 CRYSTAL POINT DR #202
BOYNTON BEACH FL 33437

Mailing Address

12458 CRYSTAL POINT DR #202
BOYNTON BEACH FL 33437

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1990

5. FEI Number

65-0201036

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

PD

GRONER, DAVID C.

12458 CRYSTAL POINT DR

BOYNTON BEACH FL 33437

TD

GRONER, ANNE

12458 CRYSTAL POINT DR

BOYNTON BEACH FL 33437

800023771278

10/14/03--01014--009 **158.75

8. Name and Address of Current Registered Agent

GRONER, DAVID, C
12458 CRYSTAL POINT DR #202
BOYNTON BEACH FL 33437

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

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

David C. Groner

REGISTERED AGENT MUST SIGN

Date 10-8-2003

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:

DAVID C. GRONER *David C. Groner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-2003 561-637-3193

Date

Daytime Phone #

CR2040 (7/03)

October 8, 2003

Florida Dept. of State
Corporate Records Bureau
P.O. Box 6327
Tallahassee, FL

To Whom it May Concern:

Regarding the notice I received today,
(Oct 8, 2003) I am stating that I DID NOT
receive any notice for the two (2) prior
uniform business reports (UBR). I have gone
through all my papers thoroughly and they did
not show up. I spoke to Steve Friend
today and he said to fill out the enclosed
form and enclose a check for \$50 which I'm
doing.

Also a slight correction on my
address. - APT #202 is omitted & this
could possibly cause the problem. I've had
this problem in some cases in the past.

Yours truly,

J. C. Gorse

P.S. If you check my records in the past, you'll
find I have never, never had a problem regarding
UBR

10/10