

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 30 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14903

1. Corporation Name
MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
333 N COCOA BEACH CSWY SUITE A COCO A BEACH FL 32953 US	333 N. COCOA BEACH CSWY SUITE A COCO A BEACH FL 32953 US



REINSTATEMENT 09

2. New Principal Office Address, If Applicable 333 W COCOA BEACH CSWY SUITE 6 COCO A BEACH, FL Zip 32931 Country U.S.A.	3. New Mailing Office Address, If Applicable 333 W. COCOA BEACH CSWY SUITE 6 COCO A BEACH, FL Zip 32931 Country U.S.A.	4. Date Incorporated or Qualified To Do Business in Florida 05/13/1986	5. FEI Number 59-2462598 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MUSSELMAN, GLEN P	333 W COCOA BEACH CSWY	COCO A BEACH FL 32931
VPD	MARINO, VINCENT P MARINO	333 W COCOA BEACH CSWY	COCO A BEACH FL 32931
STD SD	MARINO, TAMMY McLAUGHLIN, DONNA	333 W COCOA BEACH CSWY	COCO A BEACH FL 32931
D	COSGROVE, LISA	333 W COCOA BEACH CSWY	COCO A BEACH FL 32931
PD	GONZALEZ, LUIS A.	333 W. COCOA BEACH CSWY	COCO A BEACH, FL 32931
TD	MAKAR, WASFI	333 W. COCOA BEACH CSWY	COCO A BEACH, FL 32931

8. Name and Address of Current Registered Agent PEEPLES, JAMES W., III 505 NORTH ORLANDO AVE. COCO A BEACH FL 200003069662-7 -12/14/99-01083-017 ***236.25 ***236.25	9. Name and Address of New Registered Agent Name JOHN L. SOILEAU Street Address (P.O. Box Number is Not Acceptable) 1970 MICHIGAN AVE STE. C Suite, Apt. #, Etc. City COCO A State FL Zip Code 32922
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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 _____ Date 11/23/99

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: _____ Date 11/22/99 Daytime Phone # KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (8/99)