PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR (97) REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV -7 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

DOCUMENT # **N49649**

1. Corporation Name

FLORIDA COLLEGE OF OSTEOPATHIC MEDICINE, INC.

Principal Place of Business	Mailing Address
516 S HUEY AVE TARPON SPRINGS FL 34689 US	516 S HUEY AVE TARPON SPRINGS FL 34689 US

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

2. New Principal Office Address, If Applicable
17043 Winners Circle
Suite, Apt. #, etc.
City & State: Odessa, FL
Zip: 33556 Country: USA

3. New Mailing Office Address, If Applicable
17043 Winners Circle
Suite, Apt. #, etc.
City & State: Odessa, FL
Zip: 33556 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 07/01/1992

5. FEI Number: 59-3130495 — 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	DELUCIA, EUGENE III	4543 S MANHATTAN AVE	TAMAP FL
D	FRANKLIN, MARK S DO	10225 ULMERTON RD	LARGO FL
D	KRITSKY, KAREN DO	3251 66TH ST N	ST PETERSBURG FL
D	VARIDIN, MARK	1262 9TH ST. N.	ST. PETERSBURG FL
~~D~~	~~GOFF, WARREN S~~	~~7000 66TH ST N STE 206~~	~~PINELLAS PARK FL~~
D	DE COSMO, JOHN B III	5320 DUHME RD	ST PETERSBURG FL

500002344995--7
11/12/97--01030--012
****245.00 ****245.00

8. Name and Address of Current Registered Agent

MONE, MICHAEL
111 8TH ST
360 CENTRAL AVE SUITE 1500
BELLAIRE BEACH FL 34634

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 11/4/97
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.

Signature of Registered Agent: [signature] Date: November 6, 1997
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on 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 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] VP/CFO — 11/4/97 — 941-741-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)