

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 24 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004479

1. Corporation Name

Association for Responsible Medicine,
INC.

900009996329
01/09/03--01062--004 **358.75

2. Principal Office Address

902 Lake Brooker Ct
Suite, Apt. #, etc.

3. Mailing Office Address

902 Lake Brooker Ct
Suite, Apt. #, etc.

REINSTATEMENT 01-03

City & State

Lutz, FL

City & State

Lutz, FL

Zip

33548

Country

USA

Zip

33548

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 9, 1994

5. FEI Number

59-3267782

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAYMOND T. McEachern

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

902 LAKE BROOKER CT

Suite, Apt. #, Etc.

City

Lutz

State
FL

Zip Code

33548

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 1-6-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	H.D. Raymond T. McEachern	902 Lake Brooker Ct	Lutz, FL 33548
D	Patricia S. McEachern	902 Lake Brooker Ct	Lutz, FL 33548
D	MARK L. McEachern	19501 Morden Blush	Lutz, FL 33548

10. 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] R.T. McEachern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-03

Daytime Phone #

813-909-0217

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