

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

99 APR -1 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1

DOCUMENT # NA5000000914

1. Corporation Name  
**Randy Ross Cardio Express, Inc.**

Principal Place of Business  
**P.O. Box 194  
Windermere, FL 34786-0194**

Mailing Address

**REINSTATEMENT** 9/10/99

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: **2-24-95**

5. FEI Number: **59-3318658**

6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

Applied For:  Not Applicable

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Randy Ross	100 Sherwood Farms Lane	Orlando, FL 32835
D	Betty Ross	Same	
D	Lori Medlen	1151 Waterford Drive	Indianapolis, IN 46231
AS	Karen B. Rozar	1201 Hays Street	Tallahassee, FL 32301

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8. Name and Address of Current Registered Agent

**Prentice-Hall Corporation System, Inc.  
1201 Hays Street  
Tallahassee, FL 32301**

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, and familiar with and accept the provisions of Section 607.0505, F.S.

Signature of Registered Agent:   
**Karen B. Rozar, Asst. Sec.  
Corporation Service Company**  
REGISTERED AGENT MUST SIGN

Date: **4/1/99**

11. This corporation owes 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 612, 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/1/99** Daytime Phone #: **850-521-1000**

CRP2001 12/98

(2)



ACCOUNT NO. : 072100000032  
REFERENCE : 190801 7179704  
AUTHORIZATION : *Patricia Pizoto*  
COST LIMIT : \$ 420.00

ORDER DATE : April 1, 1999  
ORDER TIME : 1:15 PM  
ORDER NO. : 190801-005  
CUSTOMER NO: 7179704  
CUSTOMER: Mr. Randy Ross  
Mr. Randy Ross  
Post Office Box 194  
Windermere, FL 34786-0194

DOMESTIC FILINGS

NAME: RANDY ROSS CARDIO EXPRESS,  
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar  
EXAMINER'S INITIALS \_\_\_\_\_