

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003071

1. Corporation Name

MEDTECH OF NORTH FL, INC.

Principal Place of Business Mailing Address

P.O. BOX 1979  
QUINCY FL 32353-1979

P.O. BOX 1979  
QUINCY FL 32353-1979

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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/14/1996
City & State	Tallahassee	5. FEI Number
Zip	32317	59-3385322
Country	Leon	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/>

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	HARDY, WILLIAM	P.O. BOX 1979 N/A PO BOX 12783	QUINCY FL 32353 Tallahassee, FL 32317
S/D	HARDY, PATRICIA	416 COLLINSFORD RD.	TALLAHASSEE FL 32301
D	BYALS, ROBERT	220 JOHN KNOX RD.	TALLAHASSEE FL 32303
D	DUGGAR, EARLY	4141 APALACHEE PKWY	TALLAHASSEE FL 32311
D	HARDY, MICHAEL	416 COLLINSFORD RD.	TALLAHASSEE FL 32301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARDY, WILLIAM O JR  
3512-C MACLAY BLVD.  
TALLAHASSEE FL 32312

Name

-11/16/98-01001-013

\*\*\*\*\*236.25 \*\*\*\*\*236.25

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

3375-H Capital Circle NW

Suite, Apt. #, Etc.

City  
Tallahassee

State FL Zip Code 32312

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 William O. Hardy, Jr. MRFD  
REGISTERED AGENTS MUST SIGN

Date 11/16/98

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: William O. Hardy, Jr. William O. Hardy, Jr. (850)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/16/98 Daytime Phone # 556-7845