APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001778

1. Corporation Name

MEDICAL CENTER FOR PREVENTIVE AND NUTRITIONAL MEDICINE, INC.

Principal Place of Business	Mailing Address
8085 38TH AVE NORTH ST. PETE FL 33710	8085 38TH AVE NORTH ST. PETE FL 33710

REINSTATEMENT 00

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. 6701 C - 38th Ave N.	Suite, Apt. #, etc. 6701 C - 38th Ave N
City & State St Pete, FL	City & State St Pete, FL
Zip 33710 Country USA	Zip 33710 Country USA

4. Date Incorporated or Qualified To Do Business in Florida **03/26/1998**

5. FEI Number **59-3516152** | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] **$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 3	City / State / Zip 4
PD	DISTEFANO, JOSEPH	8085 38TH AVE NORTH	ST. PETE FL 33710
D	DISTEFANO, VINCENT	8077 38TH AVE NORTH	ST. PETE FL 33710
D	MAYER, DANIEL B D.O.	24014 STATE RD. 54	LUTZ FL
			2000003524532---1 -01/05/01--01022--003 ****245.00 ****245.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DISTEFANO, JOSEPH 8085 38TH AVE NORTH ST. PETE FL 33710	Name Street Address (P.O. Box Number is Not Acceptable) 6701 C 38th Ave N. Suite, Apt. #, Etc. St Pete FL City St Pete State FL Zip Code 33710

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 _____ REGISTERED AGENT MUST SIGN   Date **12-20-00**

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date **12-20-00** Daytime Phone # (727) 572-6745

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