

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**99AR**  
 REINSTATEMENT

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT 22 AM 11:54

DOCUMENT # **N98000006603**

1. Corporation Name

**THE OSTEOPATHIC GROUP, INC.**

Principal Place of Business	Mailing Address
1318 OAK STREET MELBOURNE FL 32901	1318 OAK STREET MELBOURNE FL 32901



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 <b>11/19/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3542066</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	WARREN, DAVID D	1318 OAK STREET	MELBOURNE FL 32901
VSTD	NEWTON, SHELIA D	1318 OAK STREET	MELBOURNE FL 32901
D	WARREN, BONNIE JEAN	1318 OAK STREET	MELBOURNE FL 32901
			600003033166--8 -11/02/99--01104--002 *****61.25 *****61.25
<i>10/29</i>			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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 \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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: *Shelia D. Newton* **10.20.1999** **321.951.2833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EDM0 (8/99)



**THE OSTEOPATHIC GROUP, INC.**

*A Not-for-Profit Risk Purchasing Group*

October 20, 1999

**DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**  
P.O. Box 6327  
Tallahassee, FL 32314

*Re: The Osteopathic Group, Inc.  
Tax identification number: 59-3542066  
Document Number: N98000006603*

To Whom It May Concern:

This letter is in regards to our receipt of your Notice of Administrative Dissolution or Revocation. After receiving this on Friday, October 15, 1999, I called your office at (850) 487-6096 and spoke with Patricia. I indicated to her that we never received the 1999 corporation annual report form in question. She indicated that I needed to send this cover letter indicating that we did not receive the 1999 corporation annual report form along with the reinstatement application and a check in the amount of \$61.25.

Therefore, along with this letter, please find both the completed application for reinstatement and our check, payable to The Department of State, in the amount of \$61.25. Please note that after speaking with an examiner this morning, there is no signature in line 10 as the examiner indicated that since the Insurance Commissioner was listed as the current registered agent, line 10 was exempt, and did not require a signature.

Please do not hesitate to call us at (321) 951-2323 if you should have any questions or if we can be of any further assistance.

Best regards,

*Sheila D. Newton*

Sheila D. Newton, CLU

SDN/o

Enclosures

Application for reinstatement  
Check number: 1021      Check amount: \$61.25