

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|--------------------------------------|---|-----------------------|
| DOCUMENT # N98000006603 | | | |
| 1. Corporation Name THE OSTEOPATHIC GROUP, INC. | | | |
| Principal Place of Business 1318 OAK STREET MELBOURNE FL 32901 | | Mailing Address 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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | | |
| 4. Date Incorporated or Qualified To Do Business in Florida | | 11/19/1998 | |
| 5. FEI Number | | Applied For | |
| 59-3542066 | | Not Applicable | |
| 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 |
| | | | |
| | | | |
| | | | |
| | | | |
| 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 Zip Code |
| | | FL | |
| 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: <u>Shelia D. Newton</u> | | 10.20.1999 321.951.2323 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |



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