

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 20 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO0000030931
CROSBY ADVANCED MEDICAL SYSTEMS,
INC

2. Principal Office Address

13556 DORNOCH DR

3. Mailing Office Address

13556 DORNOCH DR

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32828

Country

USA

Zip

32828

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/2000

5. FEI Number

59-3636386

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES J. CROSBY

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

13556 DORNOCH DR

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32828

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Charles J. Crosby

REGISTERED AGENT MUST SIGN

Date

4/14/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Charles Crosby	13556 DORNOCH DR	Orlando FL 32828
M	CAROLYN CROSBY	13556 DORNOCH DR	ORLANDO FL-32828

10. 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:

Charles Crosby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

4078239502

Daytime Phone #

CR2001 (01/04)

Page 2 of 2

CROSBY ADVANCED MEDICAL SYSTEMS, INC

SOLUTIONS TO HEALTHCARE NEEDS OF THE 21ST CENTURY

13556 DORNOCH DRIVE, SUITE 1
ORLANDO, FL 32828

TELEPHONE: 407-823-9502 FAX: 407-823-9427 e-mail: Cerosby1@aol.com

April 14, 2004

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear sirs:

Enclosed is a completed Corporation Reinstatement form for year 2004 and a check (# 3028) in the amount of \$300.00 made payable to Florida Department of State for the 2003 and 2004 fees.. We did not receive notification or appropriate forms in 2003. Therefore we are requesting that late fees be waived.

In addition, please note the change of address:

OLD ADDRESS: 4720 Aloma Ave #192
Winter Park, FL 32792

NEW ADDRESS: 13556 Dornoch Drive, Suite 1
Orlando, FL 32828

Thank you for your consideration of this request.

Sincerely,



Charles J. Crosby, President