

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000053214

1. Corporation Name

EXPERT MEDICINE.COM, INC.

Principal Place of Business

1626 CAMDEN AVE.
JACKSONVILLE FL 32207

Mailing Address

1626 CAMDEN AVE.
JACKSONVILLE FL 32207

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2008

5. FEI Number

59-3671667

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 | GOFF, CHARLES W | 4338 PHILLIPS PLACE | JACKSONVILLE FL 32207 |
| VPD | GOFF, CHRISTINE C Cynthia C. | 4338 PHILLIPS PLACE | JACKSONVILLE FL 32207 |
| TD | KRONQUIST, KARL L | 916 OLD GROVE MANOR | JACKSONVILLE FL 32207 |
| SD | MATTESON, CHRISTINE G | 915 OLD GROVE MANOR | JACKSONVILLE FL 32207 |
| | | | |
| | | | |

700008564387
10/24/02--01032--012 **750.00

8. Name and Address of Current Registered Agent

GOFF, CHARLES W
1626 CAMDEN AVE.
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/1/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2002 904-399-1199

Date

Daytime Phone #