

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 22 AM 8:00

DOCUMENT # P00000113276

1. Corporation Name

POSTMODERN MEDICAL SYSTEMS, INC.

REINSTATEMENT 01-03

2. Principal Office Address

P.O. BOX 18341

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33679

Country

3. Mailing Office Address

P.O. BOX 18341

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33679

Country

700023249067  
09/22/03--01083--028 \*\*1050.00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/2000

5. FEI Number

02-0705437

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

MICHAEL R. CAREY

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

712 SOUTH OREGON AVE.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

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

Michael R. Carey

Date

9/19/03

REGISTERED AGENT MUST SIGN

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
PD	JOHN STANTON	P.O. BOX 18341	TAMPA, FL 33679

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/03  
Date

813-621-9641  
Daytime Phone #

CR2E081 (10/02)