

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 FEB -3 PM 2:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0100005436

1. Corporation Name

INFOMED, P.A.

REINSTATEMENT 03-04

01/05/04--01014--002 **750.00

2. Principal Office Address

7370 NW 5th Street

Suite, Apt. #, etc.

3. Mailing Office Address

1111 Kane Concourse

Suite, Apt. #, etc.

Suite#605

City & State

Plantation, FL

City & State

Bay Harbor Islands, FL

Zip

33317

Country

USA

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/16/01

5. FEI Number

58-2409043

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

Marcia Walker-Guy

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

7370 NW 5th Street

Suite, Apt. #, Etc.

City

Plantation,

State

FL

Zip Code

33317

300025968383
02/03/04--01004--008 **150.00

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

Marcia Walker-Guy

Date 12/30/03

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
PSO	Marcia Walker-Guy	7370 NW 5th Street	Plantation, FL 33317

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:

Marcia Walker-Guy President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03

Date

(954)

Daytime Phone #

581-8199
882-6059

CR2E081 (10/02)