

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 AM 8:49

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000053557

1. Corporation Name

Central Florida Medical Consultants

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #

17113 Royal Palm Dr

Suite, Apt. #, etc.

3. Mailing Office Address

17113 Royal Palm Dr

Suite, Apt. #, etc.

City & State

Groveland FL

Zip Country

34736 USA

City & State

Groveland FL

Zip Country

34736 USA

900129192559

05/13/08--01005--019 **450.00
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

593741528

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
Patricia Bradfield

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

17113 Royal Palm Dr

Suite, Apt. #, Etc.

City
Groveland

State
FL

Zip Code
34736

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 5/5/08

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
<u>P</u>	<u>Patricia N. Bradfield</u>	<u>17113 Royal Palm Dr</u>	<u>Groveland FL 34736</u>

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 contained in Chapter 119, 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

5/5/08

Date

352 429 9967

Daytime Phone #

01/691