

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -8 AM 10:50

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118844

1. Corporation Name

FLORIDA MEDICAL ONE, INC.

2. Principal Office Address

2745 Swamp Cabbage Ct.

Suite, Apt. #, etc.

Suite 207

City & State

Fort Myers, Florida

Zip

33901

Country

U.S.A.

3. Mailing Office Address

2745 Swamp Cabbage Ct.

Suite, Apt. #, etc.

Suite 207

City & State

Fort Myers, Florida

Zip

33901

Country

U.S.A.

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/2002

5. FEI Number

65-1159502

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

James L. Bradley, III

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

2745 Swamp Cabbage Court

Suite, Apt. #, Etc.

Suite 207

City

Fort Myers

State

FL

Zip Code

33901

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

12-5-02

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	James L. Bradley, III	2745 Swamp Cabbage Ct., Suite 207	Fort Myers, FL 33901
STD	Angelique M. Haas	2745 Swamp Cabbage Ct., Suite 207	Fort Myers, Florida 33901

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

Date

12/5/02

Daytime Phone #

CR2E061 (9/01)

FLORIDA MEDICAL ONE, INC.
2745 Swamp Cabbage Court, Suite 207
Fort Myers, Florida 33901
Phone (239) 274-5004

October 31, 2003


Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Waiver of Reinstatement Penalty
Florida Medical One, Inc.

Enclosed please find the application for reinstatement of the corporation known as FLORIDA MEDICAL ONE, INC., as well as the Uniform Business Report for 2003.

As we did not receive our Annual Report in 2003, and were unaware it had not been completed and remained unpaid, we are requesting that you waive the penalty to reinstate the corporation.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Bradley, III", with a stylized flourish at the end.

James L. Bradley, III
President
Florida Medical One, Inc.

Law Office of
ROBERT D. YOUNG, P.A.
2125 First Street
Suite 100
Fort Myers, Florida 33901
Phone (941) 334-4725

December 5, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

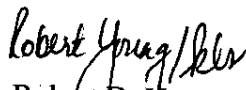
RE: FLORIDA MEDICAL ONE, INC.

Enclosed please find the following documents to be filed for reinstatement of the above-referenced corporation:

1. Application for Corporation Reinstatement
2. Letter from Florida Medical One, Inc., detailing that last year's Annual Report was not received and requesting waiver of penalty to reinstate the corporation;
3. Check in the amount of \$150.00, representing payment of the 2003 annual fees;
4. Uniform Business Report (UBR) for 2003.

Please feel free to contact my office if you have any questions regarding this matter.

Very truly yours,


Robert D. Young

Signed in Attorney Young's
Absence to Expedite Mailing

RDY:kls
Enclosures
cc: Client