

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 31 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD2000025686

**1. Corporation Name**

Linehan Medical, Incorporated

**2. Principal Office Address**

1341 Tangier Way

Suite, Apt. #, etc.

N/A

City & State

Sarasota, FL

Zip

34239

Country

Sarasota

**3. Mailing Office Address**

1341 Tangier Way

Suite, Apt. #, etc.

N/A

City & State

Sarasota, FL

Zip

34239

Country

Sarasota

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

March 4, 2002

**5. FEI Number**

010639823

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

Gregory Linehan

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

2014 4th Street

Suite, Apt. #, Etc.

N/A

City

Sarasota

State

FL

Zip Code

34237

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/28/04

**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
P	Todd Linehan	1341 Tangier Way	Sarasota, FL 34239
VP	Jennifer Linehan	1341 Tangier Way	Sarasota, FL 34239

**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:

Jennifer Linehan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-04  
Date

941.366.0306  
Daytime Phone #

CR2ED61 (01/04)