

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2006 DEC 11 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000106934

**1. Corporation Name**

AMERICAN PEDIATRICS, INC.

**2. Principal Office Address**  
5009 CENTRAL AVENUE

Suite, Apt. #, etc.

**City & State**  
TAMPA, FL

**Zip**  
33604

**Country**  
USA

**3. Mailing Office Address**  
5009 CENTRAL AVENUE

Suite, Apt. #, etc.

**City & State**  
TAMPA, FL

**Zip**  
33604

**Country**  
USA

**REINSTATEMENT** 03-06

**4. Date Incorporated or Qualified  
To Do Business in Florida** 10/01/2002

**5. FEI Number**  
36-4528394

☐ 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**  
CONTRACTORS REPORTING SERVICE, INC

**Street Address (P.O. Box Number is Not Acceptable)**  
2001 W BUSCH BLVD

**Suite, Apt. #, Etc.**  
STE A

**City**  
TAMPA

**State** FL **Zip Code** 33612

**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**

**Date** 12/7/2006

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
P/T	THOMAS, NADINE A	5009 CENTRAL AVENUE	TAMPA, FL 33604
VP/S	THOMAS, CHARLIE	5009 CENTRAL AVENUE	TAMPA, FL 33604

500082436235  
12/11/06--01025--021 \*\*600.00

**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

12/07/2006

Date

813-380-3399

Daytime Phone #

**AMERICAN PEDIATRICS, INC.**

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PRINCIPAL ADDRESS  
5009 CENTRAL AVENUE  
TAMPA FL 33604  
(813) 380-3399

To Whom It May Concern:

Please note that the corporation did not receive the annual report notices for the years of 2003-2006.

Any questions, please feel free to contact our office at any time.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'Charlie Thomas', followed by a long horizontal line.

Charlie Thomas  
VP