

*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 30 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 02000108455

1. Corporation Name

OAKRIDGE MEDICAL ASSOCIATION GROUP, INC

2. Principal Office Address

RD

2350 West OAKRIDGE

Suite, Apt. #, etc.

City & State

ORLANDO FL 32801

Zip

32809

Country

USA

3. Mailing Office Address

126 N CENTRAL AVE

Suite, Apt. #, etc.

City & State

VALLEY-STREAM NY

Zip

11580

Country

USA

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

10-7-2002

5. FEI Number

22-3875129

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

JEAN M. FRANCOIS

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

2350 West OAKRIDGE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32809

100030235601
03/10/04--01052--018 **300.00

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

REGISTERED AGENT MUST SIGN

Date 3/4/04

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	JEAN M. FRANCOIS	32 CROSWAY DR	DEER PARK NY 11729

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:

JEAN M. FRANCOIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/04 (917) 681-7573

Daytime Phone #

CR2081 (01/04)