PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATIO STATEME	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 04 JAN -6 PH 12: 59							
DOCU		# P	0200012	5499								
Fisher Medical Communications, Inc.								eniet		FMENT	0	3
USF C	Office Address Office of C		Educ.	16236 Nottingham Park Way			EINSTATEMENT 021 150					
Suite, Apt. # 12901		Dow	ns MDC4	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 11/26/2002					
City & State Tampa FL				city & State Tampa FL				5. FEI Number Applied For 83-0343725 Not Applicable				
^{Zip} 33612	3612		^{Zip} 33647		Country		6. CERTIFICATE	OF STATU	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
:				7. Na	me and A	Address of Curr	ent Register	ed Agent				•
	Len M. Berkstresser											
	Street Address (P.O. Box Number is Not Acceptable) 16236 Nottingham Park Way											
Suite, Apt. #, Etc.												
City Tampa									State FL	Zip Code 33647		- · · · · ·
8. I, being Signature o Registered	ı /	egister	Mi	ove partied corpored	leas	familiar with and	accept the o	bligations of secti	on 607.05 Date	05 or 617.0503, F.S. 12/29/2003	}	CR2E081 (10/02)
9. Names	and Street Add	iresses	of Each Officer a	nd/or Director (Flo	rida nonpr	ofit corporations	must list at le	east 3 directors)	,			
Titles	tles Name of Officers and/or Directors			8	Street Address of Officer and/or Din			h or	<u> </u>	City / State / Zip		
P/D	Len M. Be	esser	16236 Nottingham F			n Park W	ark Way		Tampa, FL 33647			
				,			····				<u> </u>	
												
							~					
this re owed on this	instatement app	dication	, the reason for di been paid and th	esolution has beer	eliminate luals listed live the sai	d, the corporate on this form do	name satisfie not qualify for s if made und	es the requirement r an exemption un ler oath.	s of section der section	or 617, F.S. I further in 607.0401 or 617.04 n 119.07(3)(i), F.S. Th	e information	indicated
SIGNA	SIC	NATUR	E AND TYPED OR	PRINTED NAME OF	SIGNING C	FFICER OR DIREC	CTOR		Date	Day	ime Phone #	

116 as

SMITH & ASSOCIATES CERTIFIED PUBLIC ACCOUNTANTS

Professional Association

J. MICHEAL SMITH, C.P.A. GEORGE S. CHAGARIS, C.P.A.

CYNTHIA L. BLACK, C.P.A.

SUITE G 3601 WEST KENNEDY BLVD. TAMPA, FLORIDA 33609-2810 (813) 879-8200 TOLL FREE 1 (800) 530-6555 FAX (813) 874-8418

www.smithassociatescpas.com

SUITE 9
1601 RICKENBACKER DRIVE
SUN CITY CENTER, FLORIDA 33573-5332
(813) 634-8885
TOLL FREE 1 (800) 206-6444
FAX (813) 633-3228

Members: American Institute and Florida Institute of CPA's

December 29, 2003

Mr. Andy Dunlap Florida Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Fisher Medical Communications, Inc. Doc. No. P02000125499

Dear Mr. Dunlap:

In restatement of our telephone conversation earlier today, please be advised that the President of Fisher Medical Communications, Inc. never received the 2003 Uniform Business Report for 2003 or any notification until it was discovered that the corporation had been involuntarily dissolved in September.

It is possible that the change of address early this year kept the forms from being properly delivered.

There was no lack of diligence on the part of the President, Mr. Len M. Berkstresser.

Accordingly, we respectfully request a waiver of the \$600.00 reinstatement fee based upon non-receipt of the proper forms for filing.

Please find enclosed a properly executed Corporation Reinstatement form downloaded from your website. It is signed and dated today. A credit should be on file totaling \$150.00 previously submitted for this year.

We ask that you notify Mr. Berkstresser in writing as to the resolution of this matter.

If you should require additional information, please do not hesitate to contact me. We look forward to your favorable reply.

Sincerely,

SMITH & ASSOCIATES, CPAS, P.

J. Micheal Smith, C.P.A.

JMS/scc

Enclosure

cc: Mr. Len M. Berkstresser, President Fisher Medical Communications, Inc. 16236 Nottingham Park Way Tampa, FL 33647

CERTIFIED MAIL
RETURN RECEIPT REQUESTED