PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -3 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000131569**

1. Corporation Name

MAINSTREAM MEDICAL, INC.

Principal Place of Business	Mailing Address
~~3756 S.W. BIMINI CIRCLE~~ PALM CITY FL 34990	3756 ~~3756~~ S.W. BIMINI CIRCLE PALM CITY FL 34990

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3756 SW Bimini Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/16/2002

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~P&D~~ CEO	GIL, WALTER R	3756 S.W. BIMINI CIRCLE	PALM CITY FL 34990
~~CEO~~			
PSD	David Sanchez	3756 SW Bimini Circle	Palm City FL 34990
		600024390516 11/08/03--01108--005 **150.00	

8. Name and Address of Current Registered Agent

GIL, WALTER R
3756 S.W. BIMINI CIRCLE
PALM CITY FL 34990

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [signature] (CEO) Date: 10/30/03
REGISTERED AGENT MUST SIGN

11. 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.

(CEO)
SIGNATURE: [signature] Walter R Gil MD 10/30/03 772-2605368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098101 A

150.00 included

Geriatrx Care, Inc.

1050 S.E. MONTEREY RD., #201
STUART, FL 34994
TELEPHONE: (772) 287-3332
FAX: (772) 287-3042

Document # P020000131569
Mainstream Medical, Inc.
Walter R. Gil, M.D.

To Whom It May Concern:

Please note that I never received notice for renewal specifically my UBR form. By these means I request that penalty fees be waived. Included are my filing fees.

Thank you for your understanding and cooperation in advance.

Respectfully,

CEO

Walter R. Gil, M.D.