

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAR 13 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000077656

1. Corporation Name

Hypnos Anesthesia Services, Inc.

2. Principal Office Address - No P.O. Box #

1512 Jamestown Dr.

Suite, Apt. #, etc.

City & State

Charlottesville, VA

Zip

22901

Country

USA

3. Mailing Office Address

1512 Jamestown Dr.

Suite, Apt. #, etc.

City & State

Charlottesville, VA

Zip

22901

Country

USA

REINSTATEMENT 07-09

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

July, 2003

5. FEI Number

20-0089224

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

Edward Akel, Attorney

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

One Independent Dr.

Suite, Apt. #, Etc.

Suite 2301

City

Jacksonville

State

FL

Zip Code

32202

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 2-11-09

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	Karen Barnes	1512 Jamestown Dr.	Charlottesville, VA 22901

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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:

Karen Barnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/09

Date

434-245-0052

Daytime Phone #



February 10, 2009

Dear Sir / Madam,

Enclosed is the completed application for corporate reinstatement of my company, Hypnos Anesthesia Services, Inc. The company was incorporated in Florida July, 2003 when the business was started. In 2007 I moved to the state of Virginia but wished to always remain incorporated in Florida.

I did not realize our status had expired in the state of Florida until just recently. I put a change of address in at the post office but the postcards the Department of State sent to me to keep the company current were not forwarded to Virginia. Apparently the post office only forwards regular mail, not postcards, magazines, or periodicals. As such I was not reminded to pay the annual fee, and being extremely busy running a small business and taking care of my family, I forgot to contact the state about it, I apologize.

Due to the above, is it possible that you could please waive the reinstatement fee of \$600? I have enclosed a check for \$450 for the 3 annual report fees since 2007, plus the \$8.75 for requested certificate of status.

If you have questions, I can be reached at 434-245-0052. Thank you very much for your consideration.

Sincerely,

Karen Barnes, President
Hypnos Anesthesia Services, Inc.