



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000061813 1. Entity Name MOORE MEDICAL CORRESPONDENCE, INC.						FILED 05 OCT 11 AM 10:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1411 BANBURY LOOP N LAKELAND, FL 33809				Mailing Address 1411 BANBURY LOOP N LAKELAND, FL 33809			
2. Principal Place of Business		3. Mailing Address P O Box 91928					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Lakeland, FL					
Zip		Country		4. FEI Number 20-1410805			
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		10052005 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent MOORE, TIM 1411 BANBURY LOOP N LAKELAND, FL 33809				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u><i>Tim Moore</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>TIM MOORE</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>10/7/05</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME MOORE, LISA STREET ADDRESS 1411 BANBURY LOOP N CITY-ST-ZIP LAKELAND, FL 33809				<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05			
TITLE V <input type="checkbox"/> Delete NAME MOORE, TIM STREET ADDRESS 1411 BANBURY LOOP N CITY-ST-ZIP LAKELAND, FL 33809				<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060783953 10/19/05--01067--008 **750.00			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Lisa Moore</i></u> LISA MOORE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>10-5-05</u> <small>Date</small>		<u>863-604-7514</u> <small>Daytime Phone #</small>	

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