

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 OCT 12 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000102434

1. Corporation Name

ADVANCED MEDICAL RESOURCES,  
INC.

2. Principal Office Address

69 N.E. 11<sup>TH</sup> WAY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

SAME

Zip

33441

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/2004

5. FEI Number

06-1729785

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

DENISE M. BROWN

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

69 N.E. 11<sup>TH</sup> WAY

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

*Denise Brown*

Date 9-21-06

REGISTERED AGENT MUST SIGN

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/D	DAVID EDWARD BROWN	69 N.E. 11 <sup>TH</sup> WAY	DEERFIELD BEACH FL 33441
S	DENISE M. BROWN	69 N.E. 11 <sup>TH</sup> WAY	DEERFIELD BEACH, FL 33441

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/06

Date

561-702-8418

Daytime Phone #

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September 21, 2006

Department of State  
Divisions of Corporations  
State of Florida  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Advanced Medical Resources, Inc.  
Doc #: P04000102434

To Whom It May Concern,

This is a formal notice kindly requesting that reinstatement fees be waived by your department for Advanced Medical Resources, Inc. The company requests this waiver due to the failure of our Registered Agent Spiegel and Utrera, P.A. to provide Advanced Medical Resources, Inc. with a proper annual report notice in 2005.

Advanced Medical Resources, Inc has terminated the relationship with Spiegel and Utrera, P.A. and has appointed the corporate secretary Denise M. Brown as the new Registered Agent. The company is prepared to provide the annual reports outstanding once reinstated and shall remain in good standing with your department from here on out.

The company has included a check in this letter for the outstanding fees for fiscal years 2005 and 2006 in the amount of \$150.00 per year as instructed by your call centre personnel. Once the company is reinstated it is our understanding that we may then provide the outstanding annual reports to completely satisfy our obligation.

Thank you for your attention to this matter.

Regards,

  
Denise M. Brown

Corporate Secretary

Advanced Medical Resources, Inc.