

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB 23 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000127891

1. Corporation Name

Innovative Medical Consultants

900170249949
02/23/10--01022--006 **500.00

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

10963 Paddock Drive

Suite, Apt. #, etc.

3. Mailing Office Address

10963 Paddock Drive

Suite, Apt. #, etc.

City & State

Walton KY

City & State

Walton, KY

Zip

41094

Country

USA

Zip

41094

Country

USA

REINSTATEMENT 02-10

4. Date Incorporated or Qualified
To Do Business in Florida

9/16/2005

5. FEI Number

20-3490683

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

Jeff Sprecher CPA

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

1325 S.E. 47th Street

Suite, Apt. #, Etc.

Unit C

City

Cape Coral

State

FL

Zip Code

33904

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

Jeff Sprecher CPA

REGISTERED AGENT MUST SIGN

Date **2/17/2010**

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	Todd Cleveland	10963 Paddock Drive	Walton, KY 41094
VP	Wendy Cleveland	10963 Paddock Drive	Walton, KY 41094

10. E-mail Address: **tcleveland1@earthlink.net**

(To be used for future annual report notification)

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. I further certify, 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:

Todd Cleveland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/11/10**

Daytime Phone # **513-633-4440**

2/24/10