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DOCUMENT # P93000017660

1. Corporation Name

Repath E.& S of Florida, Inc.

SECRETARY OF STATE JALLAHASSEE, FLORIDA

FILED

	aton, FL 33431		ille, TN 37				SP	
if above addresses are incorrect in any way, line through incorrect information and e. New Principal Office Address. If Applicable 3. New Mailing Office Address.								
onte. Apt. 4, etc. Suite. Apt.			t, etc.		5. FEI Number Applied For		Applied For	
ty & State		City & State	City & State		1 65−0390670		Not Applicable	
, — - ~	Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee re for a Certificate of St			
Names	and Street Addresses of Each Officer an	d/or Director (Fli	orida nonprofit corpora	tions must list at lea	ast 3 directors)			
itle(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		5	City / State /	Zip		
,P	Elise Scura Repath		2101 Corporate Blvc Suite 316			Boca Raton, FL 3	3431	
٧,	Derek Repath			1 Corporate Blvd. NW Boca Raton, FL 33431			3431	
	Janie S. Moss		4301 Hillsboro Rd., Ste 314 Nashville, TN 372			215		
						 100003146; 	28 1 4	
						****150.00	****150.00	
						100003146 -02/24/000 ****150.00	2512 1058007 ****150-00	
	8. Name and Address of Curren	t Registered Ag	ent	No	9. Name and	Address of New Registered Ager	it	
Elise Scura Repath					Elise Scura Repath			
. 7	777-Glades-Road, Sui		Street Address (P.O. Box Number is Not Acceptable) 2101 Corporate Blvd. NW. Suite Apt. * Etc. Suite 316					
E	Boca Raton, FL 33434							
				Boca Raton State Zio Coge 33431				
I, being	appointed the registered agent of the at	ove named corp	oration, am familiar wi	th and accept the o	bligations of Sec	tion 607.0505, F.S.		
	Agent Elisa Scura	Reach REGISTERED AC	ENT MUST SIGN			Date		
. Do De	pes this corporation pay ept. of Revenue under S	any intano	gible tax to th	e utes. Yes	No[(See other side for on intangible		
Certify (that I am an officer or director or the recestatement application, the reason for distinction corporation have been paid and the application is true and accurate, and my second	eiver or trustee er solution has beer e names of individ	npowered to execute eliminated, the corporuals listed on this form	this application as prate name satisfies not qualify for	the requirements an exemption un	s of section 607.0401 or 617.0401.	FS, that 34 tees	
≔AŢ	FURE: E Signature and typed or P	Ropa BINTED NAME OF	SIGNING OFFICER OR C	RECTOR	1/	6/00 Date Davier	, , a;	



Repath E & S of Florida, Inc. 2101 Corporate Boulevard NW Suite 316 Boca Raton, Florida 33431

January 5, 2000

Department of State
Division of Corporations
Attn: Annual Reports/Reinstatments
P.O. Box 6327
Tallahassee, Florida 32314

RE: Repath E & S of Florida, Inc. (the "Corporation")

Document No.: P93000017660

Dear Sir or Madam:

Please accept and file the enclosed Application for Reinstatement for the above-referenced Corporation. It recently came to my attention that the Corporation had been administratively dissolved for failing to file the 1999 Annual Report with your office. Please note that the annual report form, and second notice, were never received at the address of the principal office of the Corporation at any time in 1999. Please accept the enclosed check for \$150.00, payable to the Department of State, for the reinstatement fees and waive any late fees that are usually assessed.

Should you have any questions regarding the enclosed, please do not hesitate to contact my representative for the corporation, Thomas O. Katz, Esq. at (954) 527-2419.

-Thank-you-in-advance-for-your-assistance.

Very truly yours,

Elise Scura Repath

Elia Sama Repath

cc: Thomas O. Katz, Esq.