PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretal of Store DIVISION OF CORPORATIONS

P93000018831 DOCUMENT

1. Corporation Name

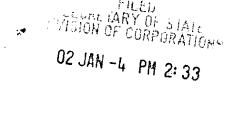
SUNSET ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

1450 BERRYHILL RD

Mailing Address

P O BOX 3468



MILTON FL US	. 32570		MILTON FL US	MILTON FL. 32572 US			T 1881984 IN 18188 THE THE THE BEST TOTAL TOTAL FOREIT TOTAL FOREIT THE THE THE THE THE THE THE THE THE TH					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								REMSTATEMENT OL				
				ew Mailing Office Address, If Applicable			4. Date Incorporated or Qualified USUU To Do Business in Florida 03/12/1993					
Suite, Apt. #, etc. City & State			Suite, Apt.	Suite, Apt. #, etc.			5. FEI Number Applied Fo					
			City & State			59-3170625				Not Applicable		
Zip ~~~	Ip Country		Zip		Country			E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street A	ddresses of Each Officer ar	nd/or Director (F	lorida nonpro	fit corporations must list	t at lea	st 3 directors)					
Title(s)	itle(s) Name of Officers and/or Directors		3		Street Address of Each Officer and/or Director			City / State / Zip				
PSTD	COX, JEF	COX, JEFFREY			4785 NORTH 9TH AVENUE			PENSACOLA FL 32503				
							1	000047 -01/16/ ****75	02-0	041! 1025018 ****750.00	5 J	
								1/4	1/1	リロン		
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent					
COX, JEFFREY M 4785 NORTH 9TH AVENUE PENSACOLA FL 32503						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					CB0E040 (8/01)	
					City		State Zip Code					
					City			· <u></u>	FL	210 00de		
10. I, bein	g appointed t	he registered agent of the a	above named cor	poration, am	familiar with and accept	the of	bligations of Sect	tion 607.0505, F.S.				

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 of Registered Agent

REGISTERED AGENT MUST SIGN

11.13.01

Daytime Phone #

11.130