

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 30 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9300031472

1. Corporation Name

Medical Cost Control and Management

REINSTATEMENT

2. Principal Office Address

3939 Cheval Blvd.

3. Mailing Office Address

3939 Cheval Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

Zip

33558

Country

USA

Zip

335588

Country

USA

700023359937

09/26/03--01039--012 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/1993

5. FEI Number

593325968

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

Thomas Haverty

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

3939 Cheval Blvd.

Suite, Apt. #, Etc.

City

Lutz

State
FL

Zip Code
33558

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

Date 9-25-2003

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 | Thomas Haverty | 3939 Cheval Blvd. | Lutz, FL 33558 |
| | | | |
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-03

Date

813-909-7475

Daytime Phone #

CR2E081 (10/02)

7/10/1