


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 JUN -3 PM 12:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA
APPLICATION FOR REINSTATEMENT		DOCUMENT # P93000080727		
1. Corporation Name <p style="text-align: center;">Princeton Medical Management, SE, Inc</p>				
Principal Place of Business <p style="text-align: center;">227 N. Knights Ave. -Brandon, FL 33510</p>		Mailing Address <p style="text-align: center;">227 N. Knights Ave. -Brandon, FL 33510</p>		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <p style="text-align: center;">March 31, 194</p>
		5. FEI Number <p style="text-align: center;">59-3213166</p>		Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
1	2	3	4	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	
D/	David Parker, D.D.S.	227 N. Knights Ave.	Brandon, FL 33510	
P/D	Gary Lockwood	12752 Stark Road	Livonia, MI 48150	
C/D	Frank L. Laport	7421 West 100th Place	Bridgeview, IL 60455	
<p style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</p> <p style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">97-98</p> <p style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">sc 6-9-98</p>				
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
		Name <p style="text-align: center;">Dr. David Parker, DDS</p> Street Address (P.O. Box Number is Not Acceptable) <p style="text-align: center;">227 N. Knights Avenue</p> Suite, Apt. #, Etc.		
		City <p style="text-align: center;">Brandon</p> State <p style="text-align: center;">FL</p> Zip Code <p style="text-align: center;">33510</p>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of 600002556666-6				
Signature of Registered Agent <p style="text-align: center;"><i>David Parker DDS</i></p> REGISTERED AGENT MUST SIGN		Date <p style="text-align: center;">06/11/98--01058--002 ****750.00 ****750.00</p>		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)				
12. 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: <i>David Parker DDS</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				
		Date		Daytime Phone #

CP2E040 (1/98)