

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 13 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027263

1. Corporation Name

MEDICAL SERVICES OF PINELLAS, INC

2. Principal Office Address

1721 LAURIE LANE

Suite, Apt. #, etc.

City & State

BELLEAIR

Zip

33756

Country

USA

3. Mailing Office Address

1721 LAURIE LANE

Suite, Apt. #, etc.

City & State

BELLEAIR

Zip

33756

Country

USA

REINSTATEMENT 00-04

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1994

5. FEI Number

59-3239037

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

DEBORAH S. COURNOYER

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

1721 LAURIE LANE

Suite, Apt. #, Etc.

City

BELLEAIR

State
FL

Zip Code
33756

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

Deborah S. Cournoyer

Date

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
D	DEBORAH S. COURNOYER	1721 LAURIE LANE	BELLEAIR, FL 33756

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:

Deborah S. Cournoyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2000
UNIFORM BUSINESS REPORT

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I
WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN
EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE
ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY
DEBORAH S. COURNOYER
PRESIDENT