

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000079364

1. Corporation Name  
ATHLETIC INDUSTRIAL MEDICINE ENTERPRISES, INC.

Principal Place of Business Mailing Address  
4905 34TH STREET, SOUTH  
SUITE 322  
ST. PETERSBURG, FL. 33711

**REINSTATEMENT 97-98**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable <u>SAME</u>		3. New Mailing Office Address, If Applicable <u>SAME</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>OCTOBER 21, 1994</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-3290946</u>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>PRESIDENT</u>	<u>LEE R. KERMODE</u>	<u>11722 LYNMOOR DRIVE</u>	<u>RIVERVIEW, FL. 33569</u>

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-08/19/98--01032--008  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent <u>LEE R. KERMODE</u> <u>11722 LYNMOOR DRIVE</u> <u>RIVERVIEW, FL 33569.</u>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <u>FL</u> Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent Lee R. Kermode Date AUGUST 7, 1998  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (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: Lee R. Kermode LEE R. KERMODE Date AUGUST 7, 1998 Daytime Phone # (727) 709-4222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
(813) 671-4746

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