

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 30 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000093196

1. Corporation Name

Promedco of Southwest Florida, Inc.

2. Principal Office Address

5005 Riverway Dr.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

City & State

HOUSTON, TX

City & State

Zip

77056

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1994

5. FEI Number

75-2701686

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

Corporation Service Company

100016978941

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

04/24/03--01084--004 **300 00

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature]

Date 4/21/03

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
Pres	Mike Yeary	5005 Riverway Dr. Ste 400	Houston, TX 77056
Sec	Karen Nicolaou	5005 Riverway Dr. Ste 400	Houston, TX 77056
		0203 : 1/TS	

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

Karen Nicolaou

4/15/03

Date

713-629-5177

Daytime Phone #

CR2E081 (10/02)



PAKOR

April 15, 2003

Florida Department of State
Division of Corporations
AP.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Promedco of Southwest Florida, Inc.

Dear Sir or Madam,

Please accept the enclosed corporation reinstatement for the above named corporation. Evidently, this corporation was administratively dissolved for non-filing of annual reports. We never received a notice indicating that this corporation would be administratively dissolved if the annual report was not filed, nor we notified that it had been dissolved. This corporation filed for bankruptcy on April 3, 2001 and is in the process of liquidation. However, we would like that it remain registered in Florida until liquidation is completed.

It is likely we did not receive notification of administrative dissolution due to the change of address. All corporate offices were closed early in 2002 and moved to the Houston location indicated on the reinstatement.

In light of the foregoing circumstances, we respectfully request the waiver of reinstatement fees and that you accept the enclosed \$300 payment to reinstate Promedco of Southwest Florida, Inc.

If you have any questions, please call me at 713-629-5777.

Sincerely,

Isabel Mahmood

Isabel Mahmood
Corporate Dissolutions