

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -1 PM 3:29

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000016737**

1. Corporation Name

Health Care Advisory Group, Inc.

2. Principal Office Address

1222 S. Dale Mabry

Suite, Apt. #, etc.

#617

City & State

Tampa, FL

Zip

33629

Country

USA

3. Mailing Office Address

1222 S. Dale Mabry

Suite, Apt. #, etc.

#617

City & State

Tampa, FL

Zip

33629

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

2/17/95

5. FEI Number

59-3368336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VENABLE, R. Stephen

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

1222 S. Dale Mabry

Suite, Apt. #, Etc.

#617

City

Tampa

State

FL

Zip Code

33629

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\*\*\*750.00 \*\*\*750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*R. S. Venable*  
REGISTERED AGENT MUST SIGN

9/27/01

Date

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
PD	Venable, R. Stephen	1222 S. Dale Mabry #617	Tampa, FL 33629
VPD	Venable, Dyan	1222 S. Dale Mabry #617	Tampa, FL 33629

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)(f), 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:

*R. S. Venable, Pres.*

R.S. Venable, Pres.

9/27/01

Date

813-340-2682

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR