

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016737

1. Corporation Name

Health Care Advisory Group, Inc.

2. Principal Office Address

1222 S. Dale Mabry Avenue

Suite, Apt. #, etc.
#617

City & State
Tampa

Zip
33629

Country
USA

3. Mailing Office Address

1222 S. Dale Mabry Avenue

Suite, Apt. #, etc.
#617

City & State
Tampa

Zip
33629

Country
USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

2/25/1995

5. FEI Number
593368336

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name
Robert S. Venable

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

1222 S. Dale Mabry

Suite, Apt. #, Etc.

#617

City
Tampa

200008900772

11/12/02--01009--002 *158.75

State
FL

Zip Code
33629

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 R S Venable

REGISTERED AGENT MUST SIGN

Date 11/07/02

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
P/D	David G. Hohl	1222 S. Dale Mabry #617	Tampa, FL 33629
VPD	Dyan R. Venable	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)(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:

Dyan R Venable
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/07/02

Daytime Phone #

813-340
2682