

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000050490

1. Corporation Name

STAT FACTS MEDICAL/LEGAL CONSULTANTS INC.

Principal Place of Business

7791 MCCLURE DRIVE
TALLAHASSEE FL 32312

Mailing Address

7791 MCCLURE DRIVE
TALLAHASSEE FL 32312

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/28/1995
City & State	City & State	5. FEI Number
Zip	Country	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	ODHAM, KATHY L.	7791 MCCLURE DRIVE	TALLAHASSEE FL
VP	GARCIA, PAMELA P.	7836 MACLEAN RD	TALLAHASSEE FL 32312
			500003024475--5 -10/25/99-01135-020
			*****150.00 *****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ODHAM, KATHY 7791 MCCLURE DR TALLAHASSEE FL 32312	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, Etc.
	City <input type="checkbox"/> State <input type="checkbox"/> Zip Code FL

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

Kathy Odham **REQUIRED**

REGISTERED AGENT MUST SIGN

Date *10/13/99*

CR2540 (8/98)

11. 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)(l), 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:

Kathy Odham **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99

Date

Daytime Phone #

KE

2

Dear Kristen,

We have signed this form (as we discussed on the AM of 10/13/99) because we did not make copies of the original white + green form when we sent it in 4/99. Also enclosed is a check for \$150.00. After going thru the bank drafts the check that we mailed never cleared. (Our business is small + our bank statements are small so we only balance it a few times a yr. We fortunately have never had any problems but I guess this is a lesson learned + we will now do it monthly.) I will say however, that we did not receive a 2nd notice letter. That would have made us check immediately. We appreciate your help + understanding in this matter. We are generally very hard working, responsible individuals + would never have let this happen knowingly. If you have any other questions +/or if we need to do anything else please let us know. Since this has already happened + is late, we would greatly appreciate a call (850-893-2287) upon your receipt of our payment so we can be rest assured this has been taken care of. →