

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -2 PM 3:49



10252004 REIN-P CR2E098 (6/04)

DOCUMENT # P95000056921	
1. Entity Name ONE STOP MEDICAL, INC.,	

Principal Place of Business 932 W. HALLANDALE BCH. BLVD. HALLANDALE, FL 33009	Mailing Address 932 W. HALLANDALE BCH. BLVD. HALLANDALE, FL 33009
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0603946	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATSON, TODD 2620 CAYENNE AVE COOPER CITY, FL 33026		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Todd Watson</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>10-25-04</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, TODD E 2620 CAYENNE AVE COOPER CITY, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.	
SIGNATURE: <i>Todd Watson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>10-25-04</i> Date Daytime Phone #



FLORIDA DEPARTMENT OF
SECRETARY

DIVISION

ONE STOP MEDICAL, INC.
932 W. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009
(954) 458-4121

October 25, 2004

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

Re: **One Stop Medical, Inc.**
Document Number P95000056921

Dear Sir or Madam:

We recently received a Notice of Dissolution or Revocation with regard to the above-referenced corporation. I immediately telephoned your office and spoke with Eula Peterson. I explained that we sent a check to the Department of State for \$150.00 on April 30, 2004, along with the postcard we received regarding the annual fee. Ms. Peterson told me that your records show that the check was sent back to us due to lack of report. I told her that we never received the check. She then told me to mail in the Reinstatement Form along with a check for \$158.75, representing the renewal fee and a certificate of status, and a letter explaining our situation.

Kindly consider this letter as our request to accept the enclosed report as timely filed. Thank you for your consideration.

Very truly yours,

A handwritten signature in cursive script that reads 'Todd E. Watson'.

TODD E. WATSON, President