# APPLICATION FOR REINSTATEMENT

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

**FILED**
96 NOV 22 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000075639

Intergroup Medical, Inc.
2459 East Semoran Boulevard
Apopka, FL 32703

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

204 South Central Avenue
Address

Address

Apopka, Fl
City and State

2703
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 9/28/95

4. FEI Number: 59-3336832

FEI Number Applied For

FEI Number Not Applicable

5. CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

| 1 Title | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number) | 4 City and State |
|---|---|---|---|
| VP | Greg S. Mack | 204 S. Central Avenue | Apopka, FL 32703 |
| VP | Mark L'Hommedieu | 1520 Edgewater Drive, Suite D | Orlando, FL 32804 |
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REINSTATEMENT 96

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*****393.75 *****393.75

7. Name and Address of Current Registered Agent

Greg S. Mack
2459 East Semoran Boulevard
Apopka, FL 32703

8. Name and Address of New Registered Agent and/or Office

Name: Greg S. Mack

Street Address (Do NOT Use P.O. Box Number): 204 South Central Avenue

Street Address (Do NOT Use P.O. Box Number): Apopka, FL 32703

City and State: FL Zip

9. 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: _____ REGISTERED AGENT MUST SIGN

Date: 11-14-96

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of the resistor 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 607.1401, or 617.1401, F.S., and that all fees owed by the corporation have been paid. 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 of Officer or Director: _____

Date: 11-14-96

Daytime Phone #: 407/880-1700

Typed or printed name of signing officer or director: Greg S. Mack