

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000003358**

1. Corporation Name

**AQUA MEDIX SOUTH, INC.**

Principal Place of Business

Mailing Address

791 SE AUTUMN TERRACE  
PORT ST. LUCIE FL 34983

791 SE AUTUMN TERRACE  
PORT ST. LUCIE FL 34983



**REINSTATEMENT**

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

01/08/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0680497

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BEATH, LORRAINE	791 SE AUTUMN TERRACE	PORT ST. LUCIE FL 34983

100024573631  
11/10/03--01112--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEATH, LORRAINE  
791 SE AUTUMN TERRACE  
PORT ST. LUCIE FL 34983

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11-6-2003

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)(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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-06-2003

Date

871-2655

Daytime Phone #

CR2E040 (7/03)

**AQUA-MEDIX "SOUTH" INC.**

AQUA-MEDIX "SOUTH" INC.  
791 AUTUMN TERRACE  
PORT ST. LUCIE, FLORIDA 34983

Fax:


November 6, 2003

DEPT. OF STATE  
DIV. OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

THE PURPOSE OF THIS LETTER IS TO COMPLY FOR A WAIVER OF RE-  
INSTATEMENT FEES AS OUTLINED IN THE INSTRUCTION ON THE BACK OF THE  
REVOCATIONS NOTICE OF THIS CORPORATION. OUR OFFICE DID NOT RECEIVE  
THE UBR NOTICE. ATTACHED IS THE RE-INSTATMENT APPLICATION AND THE  
APPROPRIATE UBR FILING FEE. HOPING THIS WILL COMPLY TO THE WAIVER OF  
RE-INSTATMENT FEE WE ARE,

Sincerely,

AQUA-MEDIX "SOUTH" INC.

  
DORRAINE BEATH (PRES.)

11/11/03 10:00 AM

11/11/03 10:00 AM