

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1997 NOV - 6 PM 2:16

SECRETARY OF STATE TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPLICATION FOR REINSTATEMENT

DOCUMENT # P96000032382

1. Corporation Name
JEAN L. TRESMOTT, PHD, RN, P.A.

Principal Place of Business: ~~314 OREGON ST. HOLLYWOOD FL 33019~~
Mailing Address: ~~314 OREGON ST. HOLLYWOOD FL 33019~~



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

2. New Principal Office Address, If Applicable 4300 ALTON RD Suite, Apt. #, etc. 360 City & State MIAMI BEACH FL Zip 33140 Country	3. New Mailing Office Address, If Applicable 4300 ALTON RD Suite, Apt. #, etc. 360 City & State MIAMI BEACH FL Zip 33140 Country	4. Date Incorporated or Qualified To Do Business in Florida 04/08/1996	5. FEI Number 65-0737898 Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D.P	TRESMOTT, JEAN L	314 OREGON ST	HOLLYWOOD FL 33019
			9000002343599-4 -11/10/97-01172-006 ****758.75 ****758.75

REINSTATEMENT '97
SCC 11-6-97

8. Name and Address of Current Registered Agent TRESMOTT, JEAN L 314 OREGON ST HOLLYWOOD FL 33019	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4300 ALTON RD Suite, Apt. #, Etc. 360 City MIAMI BEACH FL State FL Zip Code 33140
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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: [Signature] Date: 11/3/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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] JEAN L. TRESMOTT 11/3/97 305.534.3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2540 (8/97)