

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2/02

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC 31 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000076549

1. Corporation Name
Medplus Medical Clinics Inc

700009298707
01/28/03--01036--031 **150.00

2. Principal Office Address

738 Edgemere Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

SANASOTA FL

City & State

Zip

34242

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0697323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

01-02UBR

7. Name and Address of Current Registered Agent

Name

GARY Kompotheonas

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

738 Edgemere Lane

Suite, Apt. #, Etc.

SANASOTA FL

City

State

FL

Zip Code

34242

700009298707
12/02/02--01051--005 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gary Kompotheonas

Date

11/22/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	<u>GARY Kompotheonas</u>	<u>738 Edgemere Lane</u>	<u>SANASOTA FL 34242</u>

01-02UB

10. 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:

Gary Kompotheonas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/02

Daytime Phone #

941-301-2828

CR2E081 (9/01)

2002

Gary Kompothecras
738 Edgemere Lane
Sarasota, FL 34242

November 22, 2002

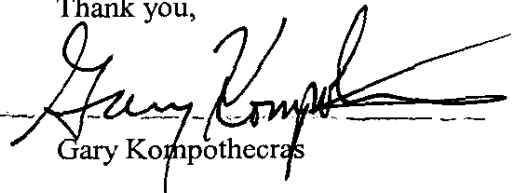
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

Enclosed please find a completed Corporate Reinstatement form and a check for \$150.00. My office called in regards to not receiving our Reinstatement Application. We were told to download the corporate reinstatement form from the Internet, attach a letter stating that we did not receive it and send \$150.00. Well, we did not receive the form in the mail. Enclosed please find the form, the letter, and a check for \$150.00. *for year 2001*

Please process the appropriate paperwork to ensure that our Corporation is in good standing once again. If there is anything else my office can do to be of assistance please contact us.

Thank you,


Gary Kompothecras

P.S I currently have 28 corporations with the state of Florida. This slipped thru the cracks, please accept my Apology.

Best Regards
