

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/22

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

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

City & State  
SARASOTA FL

City & State

Zip 34242 Country

Zip Country

01-02UBR

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

7. Name and Address of Current Registered Agent

Name GARY KOMPOTHECRAS

Street Address (P.O. Box Number is Not Acceptable) 738 Edgemere Lane

Suite, Apt. #, Etc. SARASOTA FL

City SARASOTA FL

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 Kompothecras* 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	GARY KOMPOTHECRAS	738 Edgemere Lane	SARASOTA FL 34242

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 Kompothecras* Date 11/22/02 941-301-2828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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*  
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*  
*Gary Kompothecras*