APPLICATION OF FOR A PREINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of S DIVISION OF CORPO	tham tate	FILED
DOCUMENT # P96000092577			7-6 EM11:05
Corporation Name ACT MIDCAL, INC.		SECIO	HASSEE, FLORIDA
h-			HW2200't rouns.
Principal Place of Business 211 8187 AVENUE MORTH 8T. PETERSBURG FL 33702	Mailing Address 211 81ST AVENUE NORTH ST. PETERSBURG FL 33702		
If above addresses are incorrect in any way, line through incorrect information and enter co 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc.		Applicable 4. Date Incorpo	rated or Qualified ess in Florida 11/12/1996
City & State	City & State	5. FEI Number	Applied For Not Applicable
Zip Country	Zip Counti	6. CERTIFICATE	OF STATUS DESIRED S8.75 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) Name of Officers and/or Directors Officer and/or Director Officer and/or Director			
V. Res SELLY E GREGG. Stey Stey E GREGG.	I ALGO CHAN	SPARFL 33702 SPOCKEDY CAS CANDEL 6/10 95807 REINSTA	TEMENT 97.98 PB
8. Name and Address of Current F	Registered Acent	SO Some and A	-85/13/9801055004 ****300.00 ****300.08
GREGG, JERRY E 211 81ST AVENUE NORTH 8T. PETERSBURG FL 33702		Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sulle, Apt. #, Etc. STP272 City STP272Sbx44 FL 33702	
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 Calculus Surger Date 5/4/98 HE GISTE RED AGEN MOST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No			
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 filling 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 Date Dayling Phone #			