PLEASE READ ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	H2 1-0
APPLICATION FOR REINSTATEMENT	an tra Blavior Secretary of S	•	,	FILED	19 1-2
DOCUMENT # DOLDDO 99014			98 DEC 1 AM 8: 35		
Baseline Diagnostics of Tampa Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 678 - Slairshire Circle Same as; Winter Park, Fl. 32792					·
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 6.78 Blair Shire Circle 6.78 Blair Shire Circle			4. Date Incorporated or Qualified To Do Business In Florida 12-3-96		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Linter Park, Fl. City & State Linter Vark, Fl.			5. FEI Number 59-34/239 Applied For Not Applicable 6. S8.75 Additional Fee required		
210 32792 Country Orange 32796	Country Ov a	euge	CERTIFICATE		dditional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Flo	Stre	et Address of Each			
Title(s) and/or Directors Officer and/or Directors			lumbers)	City / State /	Zip
President Jack Shepurd 678 Blairshire C			irele	Winter Flore	ida 32792
winted Paul, Fl. 3			32792		
			,		
			(*)	JUOU27197 -12/22/98010 ****150.00	775 138005 ***:150.00
			·		
			-		
8. Name and Address of Current Registered Agent Name			9. Name and A	ddress of New Registered Agen	
Jack Surpand Street Address			.O. Box Number i	is Not Acceptable)	DR2E040 (1788)
678 Blairshive Civele Suite			Suite, Apt. #, Etc.		
Jack Shepand 678 Blairshive Civele Winted Park, Fl. 32792	City State Zip Code				
10. I, being appointed the registered agent of the above named expression, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent Date 12-8-98 REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #					

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12-8-98

BASELINE DIAGNOSTIC OF TAMPA 678 BLAIRSHIRE CIRCLE WINTER PARK, FL., 32792 407-647-6707 FEDERAL I.D. 59-3412275

TO: ANDY DUNLOP FROM: JACK SHEPARD

JUST A QUICK NOTE CONFIRMING OUR CONVERSATION LAST WEEK. AS I EXPLAINED I RECENTLY MOVED MY OFFICE FROM THE TAMPA AREA TO WINTER PARK FLORIDA. THERE WAS A MAJOR PROBLEM WITH MY MAIL BEING FORWARDED TO WINTER PARK. NEEDLESS TO SAY, I NEVER RECEIVED ANY KIND OF PAPER WORK FROM THE STATE.

LCALLED BY PHONE AND REQUESTED THE BLANK REINSTATEMENT WHICH I RECEIVED RECENTLY. YOU WERE KIND ENOUGH TO GIVE ME AUTHORIZATION TO SEND MY PAPER WORK WITH A CHECK FOR \$150.00.

AGAIN THANKS FOR ALL YOUR HELP!!!!!