

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		DO NOT WRITE IN THIS SPACE <div style="font-size: 2em; font-weight: bold; text-align: center;">FILED</div> <div style="text-align: center; font-weight: bold;">00 SEP 29 PM 4:30</div>	
Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State					
1. Name and Mailing Address of Corporation: DOCUMENT # P41000014970 St. Petersburg Trauma Associates, Inc. c/o Pamela A.M. Campbell, Esquire P.O. Drawer 1441 150 Second Avenue North, Suite 1500 St. Petersburg, FL 33731-1441 <div style="text-align: right; font-size: 1.5em;">W-23032</div>				2. If Address in Block 1 is incorrect in any way, enter the correct address below: Address: SECRETARY OF STATE TALLAHASSEE, FLORIDA City and State: _____ Zip Code: _____ 3. If Principle Office Address is different from mailing address, enter address below: Address: _____ City and State: _____ Zip Code: _____	
4. Date Incorporated or Qualified To Do Business in Florida 2/17/97		5. FEI-Number Applied For		6. \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	Steven G. Epstein	666 - 6th Street So. Suite 215 St. Petersburg, FL 33701			
VP	Thomas D. Wells	601 - 7th Street So.	St. Petersburg, FL 33701		
S+T	Ernest Viewy	3000 First Ave. N.	St. Petersburg, FL 33712		
			100003417111--5 -10/06/00--01087--011 ***1058.75 ***1058.75		
REGISTERED AGENT INFORMATION				9. If changed, new registered agent / office Name: _____ Street Address (Do NOT Use P.O. Box Number): _____ Street Address (Do NOT Use P.O. Box Number): _____ City: _____ State: FL. Zip: _____	
8. Name and Address of Current Registered Agent Pamela A.M. Campbell, Esquire P.O. Drawer 1441 150 Second Avenue N., Suite 1500 St. Petersburg, FL 33731-1441 (727) 892-3100				<div style="font-size: 1.5em; font-weight: bold; text-align: center;">LS</div>	
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: <u><i>Pamela A.M. Campbell</i></u> Date: <u>9/25/00</u> <div style="text-align: center; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</div>					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: <u><i>Steven G. Epstein</i></u> Date: <u>9/25/00</u> Daytime Phone #: <u>727-822-0442</u> Typed or printed name of signing officer or director: <u>Steven G. Epstein</u>					