

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
CORPORATIONS

01 APR 16 AM 9:06

DOCUMENT # PA7000020685

1. Corporation Name

SOMEDICAL, INC.

2. Principal Office Address

1801 University Drive

Suite, Apt. #, etc.

Suite 209
City & State

Coral Springs, FL

Zip

33071

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-01

04/19/99 90078 035 150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/03/97

5. FEI Number

65-073364

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

JEFFREY B. CROCKETT, ESQ., ARAGON, BURLINGTON, WEIL & CROCKETT, P.A.

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

2699 SOUTH BAYSHORE DRIVE, PENTHOUSE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

Jeffrey B. Crockett

REGISTERED AGENT MUST SIGN

Date 02/20/2001

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
P	THOMAS GOLDSCHMIDT, M.D.	1801 University Drive Suite 209	Coral Springs, FL 33071
S	MICHAEL MISHKIN, M.D.	1801 University Drive Suite 209	Coral Springs, FL 33071
			600004035196--1 -04/20/01--01057--013
			***900.00 ***900.00
			<i>AS</i>

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: Thomas J. Goldschmidt, M.D. THOMAS Goldschmidt 11/20/00 954-344-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #