

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

80 JAN 21 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000077410

1. Corporation Name

YOURDOCTOR, INC.

Principal Place of Business

4907 LONDONDERRY DR.  
TAMPA FL 33647

Mailing Address

4907 LONDONDERRY DR.  
TAMPA FL 33647

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3467054

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NORMAN, JAMES G JR.	4907 LONDONDERRY DR.	TAMPA FL 33647
			500003128545--0
			-02/08/00--01136--013
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

NORMAN, JAMES G JR.  
4907 LONDONDERRY DR.  
TAMPA FL 33647

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/6/99

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Norman

Date

11/6/99

Daytime Phone #

873-971-25

November 2, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box #6327  
Tallahassee, Florida 32314

**RE: Your Doctor, Inc.**  
**FEIN: 59-3467054**  
**FORM: Corporate Annual Report**

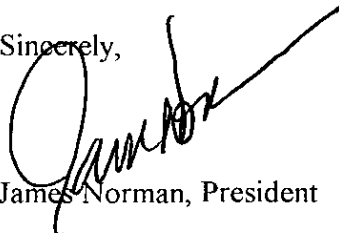
Dear Sir or Madam:

In reference to the above mentioned entity, please be aware that we never received a first notice in regards to this 1999 filing of our Corporate Annual Report.

Please be aware that we are a relatively new corporation and were not aware of the different filing requirements. **Enclosed is a check for the original filing fee of \$150.00.** Please take the above into consideration and abate this late filing fee.

Thank you for your assistance in this matter.

Sincerely,



James Norman, President