

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000096017

1. Corporation Name
S.W. FLORIDA PAIN CENTER, INC.

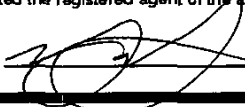
2. Principal Office Address 1988 Kings Highway		3. Mailing Office Address 1988 Kings Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Charlotte, FL		City & State Port Charlotte, FL	
Zip 33980	Country USA	Zip 33980	Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 11/10/97	
5. FEI Number 65-0797144	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name Michael R. McKinley, Esquire	
Street Address (P.O. Box Number is Not Acceptable) 18401 Murdock Circle	
Suite, Apt. #, Etc.	
City Port Charlotte	State FL
Zip Code 33948	

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.

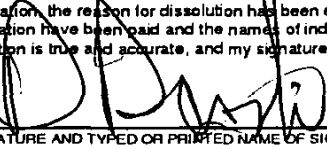
Signature of Registered Agent  **Date** 12/28/00

REGISTERED AGENT MUST SIGN

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
PD	Michael Morales	1988 Kings Highway	Pt. Charlotte, FL 33980
VSD	Abelardo E. Acosta	1988 Kings Highway	Pt. Charlotte, FL 33980
AD	Vinod K. Malik	1988 Kings Highway	Pt. Charlotte, FL 33980

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 807 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:  **Abelardo E. Acosta** **Date** 12/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E081 (9/99)



20f2

ACCOUNT NO. : 072100000032

REFERENCE : 948892 81445B

AUTHORIZATION

Patricia Pizutto

COST LIMIT : \$ 758.75

ORDER DATE : December 29, 2000

ORDER TIME : 10:14 AM

ORDER NO. : 948892-005

CUSTOMER NO: 81445B

CUSTOMER: Michael R. Mckinley, Esq
Batsel Mckinley Ittersagen
18401 Murdock Circle

Port Charlotte, FL 33948

DOMESTIC FILINGS

NAME: S.W. FLORIDA PAIN CENTER, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____

RECEIVED
00 DEC 29 AM 11:40
DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA