

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 00 SEP 25 AM 10:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000098185					
1. Corporation Name Premier Sports of America, Inc					
Principal Place of Business 13978 W. Hillsborough Ave Tampa, FL 33635		Mailing Address 111 8th Avenue New York NY 10011			
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 Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11-18-97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3477905	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City/State/Zip		
Pres	Tom Hastings	13978 W. Hillsborough Ave	Tampa FL 33635		
Sec	Cheryl Frymyer	2464 Enterprise Rd	Clearwater FL 33763		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
David C Hastings 1994 Gulf Blvd #E Indian Shores, FL 33785		Name Tom Hastings Street Address (P.O. Box Number is Not Acceptable) 13014 Whispering Sound Dr Suite, Apt. #, Etc. City Tampa State FL Zip Code 33624			
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>[Signature]</u> Date <u>9-21-00</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: <u>[Signature]</u> Date <u>9-21-00</u> Daytime Phone # <u>813 854 1872</u> PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tom Hastings, President					

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**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 25 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 687981

1. Corporation Name

FAMILY PRACTICE OF WEST VOLUSIA, P.A.

2. Principal Office Address

1043 W. New York Ave.

3. Mailing Office Address

1043 W. New York Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland, FL

City & State

Deland, FL

Zip

32720

Country

U.S.A.

Zip

32720

Country

U.S.A.

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

9-17-1980

5. FEI Number

59-2048037

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

SCHLAPPER, BRENT D.

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

234 Crooked Tree Trail

Suite, Apt. #, Etc.

City

Deland

State
FL

Zip Code

32724

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

Brent D. Schlapper
REGISTERED AGENT MUST SIGN

Date

9/21/00

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/S	Brent D. Schlapper, D.O.	234 Crooked Tree Trail	Deland, FL 32724
VP	Bruce G. Rankin, D.O.	3384 Black Willow Trail	Deland, FL 32724

REINSTATEMENT 96-001 TS

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

Brent D. Schlapper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brent D. Schlapper, D.O., Pres. (904) 736-8110

Date

Daytime Phone #

CR2E081 (9/99)