

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JAN -7 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000106941

1. Corporation Name

Southeast Medical Centers, Inc

2. Principal Office Address

318 1/2 South State Rd 7

Suite, Apt. #, etc.

City & State

Margate FL

Zip

33068

Country

U.S.

3. Mailing Office Address

318 South State Rd 7

Suite, Apt. #, etc.

City & State

Margate FL

Zip

33068

Country

U.S.

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

12-19-97

5. FEI Number

65-0801105

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

Kevin McCay

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

318 South State Rd 7

Suite, Apt. #, Etc.

City

Margate

State

FL

Zip Code

33068

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

*Kevin McCay*

REGISTERED AGENT MUST SIGN

Date

1-6-04

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
Pres <sup>D</sup>	Kevin McCay	318 S. State Rd 7	Margate, FL 33068
VP <sup>D</sup>	Keith McCay	10565 NW 3PL	Coral Springs, FL 33071
Sec <sup>D</sup>	John S McCay	10565 NW 3PL	Coral Springs, FL 33071

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:

*Kevin McCay*

Kevin McCay 1-6-4

Date

Daytime Phone #

954 978-6466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TL

CPRE081 (10/02)