PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION yFOR RÉINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

P98000003111

1. Corporation Name

SIGNATURE:

ACUTE SALES INC.

Principal Place of Business

Mailing Address

FILED

00 FEB -3 PM 1:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1/3/1/00 Date Dayline Phone # 941-732-1415

8951 BONITA BEACH RD BONITA SPRINGS FL 341		8951 BONITA BEAC BONITA SPRINGS I		Dein	STATEMENT CL-CC.	
If above addresses are 2. New Principal Office A			tion and enter correction belo ice Address, If Applicable	4, Date	Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			To Do Business in Florida 01/12/1998	
City & State		City & State			5-0816383 Applied For Not Applicable	
Zip	Country	Zip	Country	6. CER	TIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Ad	dresses of Each Officer an	d/or Director (Florida n	onprofit corporations must lis		tors)	
Title(s)	Name of Officers and/or Directors	· · · · · · · · · · · · · · · · · · ·	Street Address o Officer and/or D		City / State / Zip	
Time Pat	Lerrusa	1	102 clam	ct	Maples 7/34102	
					#****900.00 *****900.00	
8. N an	ne and Address of Curren	nt Registered Agent		9. Nam	e and Address of New Registered Agent	
FERGUSON, PATRICK 1445 STATE SUPERAVE 1102 clomet NABILEO FL. 04402 Moples # L 34102				Name 668 Street Address (P.O. Box Number is Not Acceptable) 500 St		
10. I, being appointed the Signature of Registered Agent		bove named corporation	n, am familiar with and accep	the obligations	of Section 607.0505, F.S. Date	
this reinstatement ap	plication, the reason for dis	ssolution has been elimit e names of individuals I	nated, the corporate name sa	itisfies the requi lify for an exemp	or in chapter 607 or 617, F.S. I further certify that when filing rements of section 607.0401 or 617.0401, F.S., that all fees of section 119.07(3)(i), F.S. The information indicated	