

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008865560

11/07/02--01046--010 **750.00



REINSTATEMENT 02

DOCUMENT # P98000012112

1. Corporation Name

CENTRAL FLORIDA MEDICAL-LEGAL CONSULTANTS, INC.

Principal Place of Business

20 S. BROAD STREET
BROOKSVILLE FL 34601

Mailing Address

5333 SHELL ROAD
LAND O' LAKES FL 34639

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1998

5. FEI Number

59-3503033

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
PSTD	KARAMBELIS, SARA C PSTD Bresnahan	5333 SHELL ROAD	LAND O' LAKES FL 34639

8. Name and Address of Current Registered Agent

HOGAN, THOMAS S JR.
20 S. BROAD STREET
BROOKSVILLE FL 34601

9. Name and Address of New Registered Agent

Name Deborah McCall
Street Address (P.O. Box Number is Not Acceptable)
20 S Broad Street
Suite, Apt. #, Etc.
City Brooksville State FL Zip Code 34601

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/2/02

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

11/2/02

Date

Daytime Phone #

CR2E040 (8/02)