PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000044364

1. Corporation Name

EUTOPIA MEDICAL & LEGAL SERVICES, INC.

Mailing Address

8628 VIA REALE #4 BOCA RATON FL 33496 8628 VIA REALE #4 BOCA RATON FL 33496 REINSTAT



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director Street Address of Each Officer and/or Directors 8. Street Address of Each Officer and/or Directors 9. Street Address of Each Officer and/or Director 4 City / State / Zip COP BEAULIEU, PATRICIA C 3801 S.W. COQUINA COVE WAY, #201 PALM CITY FL 34590 COP BASS, JOHN L 4421 N.E. 17TH AVENUE FT. LAUDERDALE FL 33334 8. Name and Address of Current Registered Agent VANDEN, BOSCH, JAMES P 3649 COFML SPRINGS DRIVE CORAL SPRINGS FL 33065 Lake Worth, CL 33467 City / State / Zip Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code FL City State Zip Code City State Zip Code FL City State Zip Code City State Zip Code FL City State Zip Code Ci	If above	addresses are	incorrect in any way, line thr	ough incorrect i	information and	d enter correction below.		•		
City & State Country C	New Principal Office Address, if Applicable 3. New Mailing Office Address.					fress, If Applicable	To Do Rusiness in Florida		14/1008	
Zip Country	Suite, Apt. #, etc. Suite, Ap				#, etc.					
Zip Country Zip Country CertificAte of Status Desired Country CertificAte of Status Desired Correction Correction Corrections must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Directors Street Address of Each Officer and/or Directors 3 Officer and/or Director 4 City / State / Zip COP BEAULIEU, PATRICIA C 3801 S.W. COQUINA COVE WAY, #201 PALM CITY FL 34590 COP BASS, JOHN L 4421 N.E. 17TH AVENUE FT. LAUDERDALE FL 33334 TITLE COP BEAULIEU, PATRICIA C 3801 S.W. COQUINA COVE WAY, #201 PALM CITY FL 34590 COP BASS, JOHN L 4421 N.E. 17TH AVENUE FT. LAUDERDALE FL 33334 VANDEN, BOSCH, JAMES P 3646 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065 Lake Worth, CL 334/L7 City State Zip Code FL 25 Code FL	City & State City				City & State			- 59-3517393 Not Applicable		
Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip COP BEAULIEU, PATRICIA C 3801 S.W. COQUINA COVE WAY, #201 PALM CITY FL 34890 COP BASS, JOHN L 4421 N.E. 17TH AVENUE FT. LAUDERDALE FL 33334 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent VANDEN, BOSCH, JAMES P 3649-667AL SPRINGS DRIVE CORAL SPRINGS FL 39866 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 Adulta	Zip Country			Zip		Country		ICATE OF STATUS DESIRED		
COP BEAULIEU, PATRICIA C Sand S.W. COQUINA COVE WAY, #201 PALM CITY FL 34990 COP BASS, JOHN L 4421 N.E. 17TH AVENUE FT. LAUDERDALE FL 33334 B. Name and Address of Current Registered Agent VANDEN BOSCH, JAMES P 3646 CORAL SPRINGS PRING CORAL SPRINGS FL 39065 COP BASS, JOHN L 4421 N.E. 17TH AVENUE FT. LAUDERDALE FL 33334 PART OF CORAL SPRINGS PRING COP BASS, JOHN L Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL To Laude Worth, FL Sireet Address (P.O. Box Number of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent Amus Wall Basic Part Of Registered Agent Date 10 - 25 - 20p 3	7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	orida nonprofit	corporations must list at le	ast 3 directors)			
D. Name and Address of Current Registered Agent VANDEN. BOSCH. JAMES P 3646-CORAL SPRINGS PLACE WARM, CL 334427 CORAL SPRINGS PLACE WARM, CL 334427 To locate the collegations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State City State FL Signature of Registered Agent Date 10-25-2073	Title(s)				Officer and for Director					
C. Name and Address of Current Registered Agent VANDEN, BOSCH, JAMES P 3648 CORAL SPRINGS PRIVE CORAL SPRINGS FL 93065 Lake Worth, FL 33467 City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent Manua F. Walls FL Page 10 - 25 - 257 3	COP	COP BEAULIEU, PATRICIA C			3801 S.W. COQUINA COVE WAY, #201			PALM CITY FL 34990		
8. Name and Address of Current Registered Agent VANDEN BOSCH, JAMES P 3649 CORAL SPRINGS DRIVE CORAL SPRINGS FL 39965 Lake Worth, CL 334/L7 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent Manua Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent Date 10 - 25 - 2073	СОР	BASS, JOHN L			4421 N.E. 17TH AVENUE			FT. LAUDERDALE FL 33334		
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VANDEN BOSCH, JAMES P 3648-CORAL SPRINGS DRIVE CORAL SPRINGS FL 33965 Lake Worth, CL 33447 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL 10. 1, 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 Date 10-25-2003							00 19/30/	002426629 (3 01008 019 *	51) *750.00	
VANDEN BOSCH, JAMES P 3648-CORAL SPRINGS DRIVE CORAL SPRINGS FL 33965 Lake Worth, CL 33447 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL 10. 1, 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 Date 10-25-2003		8. Nam	e and Address of Current F	Registered Age	ent		9. Name and	Address of New Registered A	gent	
City State FL Zip Code 10. 1, 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 Date 10-25-2003						Name		3		
City State FL Zip Code 10. 1, 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 Date 10-25-2003	VANDEN BOSCH, JAMES P 3640 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065 Lake Worth, CL 33467					15 Street Address (Street Address (P.O. Box Number is Not Acceptable)			
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Signature of Registered Agent Date 10-25-2003						City				
Signature of Registered Agent Date 10-25-2003	10. I, being	g appointed the	^				bligations of Secti	on 607.0505, F.S. or 617.0505,	F.S.	
// REGISTERED AGENT MUST SIGN	Signature of Registered	of I Agent/	James 1. Va	SISTERED AG	SENT MUST S			Date 10-25-20	703	

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-2003 571-346-872

Date