

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000054554		99 OCT 22 PM 3:49	
1. Corporation Name JEAN-FELERT CADET, M.D., P.A.			
Principal Place of Business RT. 10, BOX 526-G LAKE CITY FL 32025		Mailing Address P.O. Box 2204 LC FL 32056	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 1402 W. DUVAL ST LAKE CITY FL 32055		3. New Mailing Office Address, If Applicable P.O. Box 2204 LAKE CITY FL 32056	
City & State LAKE CITY FL		City & State LAKE CITY FL	
Zip 32055		Zip 32056	
Country COLUMBIA		Country COLUMBIA	
4. Date Incorporated or Qualified To Do Business in Florida 06/16/1998		5. FEI Number 593470069	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
D	CADET, JEAN-FELERT	RT. 10, BOX 526-G P.O. Box 526 G	LAKE CITY FL 32025
988883032439-7 -11/02/99--01070--003 ****150.00 ****150.00			
8. Name and Address of Current Registered Agent CADET, JEAN-FELERT RT. 10, BOX 526-G LAKE CITY FL 32025			
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
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 Date 10/15/99			
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] Date 10/15/99 (904) 719-6843			

CR20040 (6/99)

JEAN-FELERT CADET MD PA



1402 W DUVAL ST ◆ LAKE CITY FL 32055
Phone 804-719-6843 ◆ Fax 804-719-6656

October 18, 1999

To whom it may concern:

This letter is to report that this is the first correspondence I have received for the corporation since the change of address. The form stated that the corporation had been dissolved. I have paid all the taxes for the corporation.

The addresses are:

Place of business: 1402 W. Duval St.
Lake City, FL 32055

Mailing Address: P. O. Box 2204
Lake City, FL 32055

Phone Numbers: (904) 719-6843
Fax: (904) 719-6656

Please make these corrections and forward all correspondence to the above address.

Sincerely yours,


Jean-Felert Cadet MD., PA
Medical Director