


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPROVED AND FILED

05 MAY 25 AM 9:51


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|----------------------------------|---|--|--|--|
| CORPORATION REINSTATEMENT | |  | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000089353 | | | | | |
| 1. Corporation Name Dame Practice Management | | | | | |
| 2. Principal Office Address 124 Queen Frederika Ct | | | 3. Mailing Office Address SAME | | |
| City & State Hutchinson FL | | | City & State | | |
| Zip 34949 | Country PT. & LUCE | Zip | Country USA | 4. Date Incorporated or Qualified To Do Business in Florida 10/19/98 | |
| 5. FEI Number 65-0869947 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee required for a Certificate of Status | |

REINSTATEMENT 13-05

| | | |
|---|--------------------|----------|
| 7. Name and Address of Current Registered Agent | | |
| Name Barbara Dame-Frazier | | |
| Street Address (P.O. Box Number is Not Acceptable) AS ABOVE | | |
| Suite, Apt. #, Etc. | | |
| City | State FL | Zip Code |

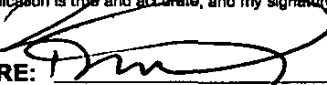
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  Date: **4/26/05**

REGISTERED AGENT MUST SIGN

| 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 |
| Owner President | Barbara Dame Frazier | 124 Queen Frederika Ct | Hutchinson FL, #34949 |
| | | | 800055833178 06/07/05--01003--003 **750.00 |
| | | | 800055833178 06/07/05--01003--004 **750.00 |

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:  **Barbara Dame-Frazier** Date: **4/26/05** Daytime Phone #: **772.464.6997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)