

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000096971

1. Corporation Name

FIRST MEDICAL GROUP, INC.

Principal Place of Business

Mailing Address

6611 TAFT STREET  
HOLLYWOOD FL 33024

6611 TAFT STREET  
HOLLYWOOD FL 33024

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1998

5. FEI Number

65-0875537

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| P             | SEALY, CARMEN                             | 6630 HARDING STREET                                    | HOLLYWOOD FL 33024      |
| ST            | SEALY, VIANKA                             | 6630 HARDING STREET                                    | HOLLYWOOD FL 33024      |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

200003096112--0  
-01/12/00--01064--002  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

MOGBO, CHUCK  
2331 N. STATE ROAD 7 STE. 124  
LAUDERHILL FL 33313

9. Name and Address of New Registered Agent

Name

SEALY, CARMEN

Street Address (P.O. Box Number is Not Acceptable)

6611 TAFT ST.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12-1-99

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-1-99 954-965-0803

FILED

99 DEC 30 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99