

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 15 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 998000100004

**1. Corporation Name**

Star Sports Medicine, P.A.

**REINSTATEMENT** 03-04

**2. Principal Office Address**

9400 University Parkway

**3. Mailing Office Address**

9400 University Parkway

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32514

Country

Escambia

Zip

32514

Country

Escambia

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/01/1998

**5. FEI Number**

593545034

Applied For:

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Juliet Decampos M.D.

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

9400 University Parkway

400030303804

03/11/04--01037--012 \*\*\*900.00

Suite, Apt. #, Etc.

309

City

Pensacola

State

FL

Zip Code

32514

**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

*Juliet Decampos*  
REGISTERED AGENT MUST SIGN

Date 3-1-04

**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
D	Juliet Decampos M.D.	9400 University Parkway #309	Pensacola, FL 32514
CFO	Keith M Kundahl	9400 University Parkway #309	Pensacola, FL 32514

**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)(f), 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:

*Keith M Kundahl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith M Kundahl CFO 3-1-04 850 476 9880

Date

Daytime Phone #

CR20081 (01/04)