


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 AUG 20 PM 2:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P99000069270					
1. Corporation Name Palm-Beach Medics, Inc					
2. Principal Office Address 351 S. Cypress Rd Suite, Apt. #, etc. Suite 400 City & State Pompano Beach Zip 33060 Country USA			3. Mailing Office Address 351 S. Cypress Rd Suite, Apt. #, etc. Suite 400 City & State Pompano Beach Zip 33060 Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 08/04/1999			5. FEI Number APPLIED FOR		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent	
Name Mitchell A. Cohen	
Street Address (P.O. Box Number is Not Acceptable) 351 S. Cypress Rd	
Suite, Apt. # Etc. Suite 400	
City Pompano Beach	State FL Zip Code 33060

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 <i>Mitchell Cohen</i>	Date 7/20/01
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
P/D	Malcolm M. Cohen	351 S. Cypress Road Suite 400	Pompano Beach, FL 33060

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: <i>Malcolm M. Cohen</i>	Date 7/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	