PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P99000105324 **DOCUMENT#**

1. Corporation Name

FLORIDA EMERGENCY MEDICINE SPECIALIST, INC.

Principal Place of Business

Mailing Address

453 NO. KIRKMAN ROAD

SUITE 203 ORIANDO EL 32811 453 NO. KIRKMAN ROAD SUITE 203 ORLANDO FL 32811

FILED

00 NOV -6 AM 11: 56

SECRETARY OF STATE TALLAHASSEE FLORIDA

	REINSTATEMENT	<u>Y</u>
4	Date Incorporated or Qualified	

On Largo 1				fti	-d antar a	orrection below	REIN	STATI	EMEN	Π	CC
	incorrect in any way, line to address, If Applicable	nformation and enter correction below. ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 12/06/1999						
Suite, Apt. #, etc. Suite, Apt.				, etc.			5. FEI Number			Applied For	
City & State City & State										Not Applicable	
Zip		Country	Zip		Country		I	OF STATUS DES			
7. Names a	and Street Add	dresses of Each Officer an	nd/or Director (Flo	rida nonprof	it corporat	ions must list at le	ast 3 directors)				
Title(s)	Name of Officers							City / State / Zip			
РТО	CAMBO, JORGE			453 NO. KIRKMAN ROAD, SUITE 203				ORLANDO FL 32811			
VSD MCHALE, MICHAEL				453 NO.	KIRKMA	N ROAD, SUITE	203 ORLANDO FL 32811				
VD LINDSEY, JACQUELINE				453 NO.	KIRKMA	n Road, Suite	203	ORLANDO FL 32811			
↓VD	VD BOYER, MICHAEL			453 NO. KIRKMAN ROAD, SUITE				E 203 ORLANDO FL 32811			
							<u></u>	70000 -11/ ***	3473 /21/00 :*750.00	309 01090 ***	1 64 1008 ⊧∗750.00
8. Name and Address of Current Registered Agent					_		9. Name and /	Address of New	Registered A	gent	
						Name	5. FEI Number 59-3612278 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status st at least 3 directors) of Each Director 4 City / State / Zip SUITE 203 ORLANDO FL 32811 SUITE 204 ORLANDO FL 32811 SUITE 205 ORLA				
CAMBO, JORGE 453 NO. KIRKMAN ROAD						Street Address (P.O. Box Number is Not Acceptable)					
SUITE 203						Suite, Apt. #, Etc	· ·				
ORLANDO FL 32811									e		
10. I, being Signature o Registered	f V	e registered agent of the g	phove parted com	RE	familiar w	th and accept the d	obligations of Sect			200	
this rein	istatement ap	nlication the reason for di	issolution has beer ne names of individ	n eliminated. Juals listed (, the corpo on this for	rate name satisfie: n do not qualify fo	s the requirements r an exemption un	s of section 607.0)4U1 OF 617.U4	101, F.S.,	nation indicated

KB

CAMBO M.D. OCT JORGE L.

30,2000 Daytime Phone #

(407)740-0807