PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	NC
REINSTATEME	ENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S15641

1. Corporation Name

UroCorp, Inc.

FILED SECRETARY OF STATE DVISION OF CORPORATIONS

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Daytime Phône #

									
2. Principal Office Address 3. Mailing			Office Address		STATEMENT				
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Suite, Apt #, etc. Suite, Apt. #,		, etc.	A' Data lassa	and a Continue					
		 				porated or Qualified II/30/	90		
City & State City & State			5. FEI Numbe	2	Applied For				
Ne	N York	., NY				" 650268914 -	Not Applicable		
'ip (0.0	Country	Zip	Country	6.	E OF STATUS DESIRED S8.75 Addition a Cer	tional Fee required		
100	22	USA	<u> </u>		CERTIFICATI	for a Cer	tificate of Status		
	7. Name and Address of Current Registered Agent								
Name // AINI I MO									
Kevin O'Neil MD Street Address (P.O. Box Number is Not Acceptable)									
	3920 Bec Ridge Road 200003255922-9								
	Suite, Apt. #, Etc05/17/00~-01024~-007								
	1500.00 *150 <mark>0.00 .</mark>						150 p. 00 ·		
	City	Sarasota				State Zip Code FL 34233	1		
					Alexandra de la constitución de la				
	• •		•	oration, am familiar with and accept	the obligations of secti	4			
Signature o Registered		rei ADL	en 1			Date 5/16/00			
			REGISTERED A	GENT MUST SIGN			,		
9. Names	and Street Ad	dresses of Each Officer a	and/or Director (F	orida nonprofit corporations must lis	t at least 3 directors)				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip				
Pres Treas	Kevin	O'Neil, m	D	3920 Bee Ridge	Road	Sarasota, FLA	34233		
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IO. I certify	that I am an c	fficer or director or the re	ceiver or trustee e	mpowered to execute this application	n as provided for in cha	apter 607 or 617, F.S. I further certify the	nat 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ren Hobers

SIGNATURE: