

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 14 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *517116*

(2)

1. Corporation Name

FRAN MILLER MEDICAL REVIEWS, INC.

700003784067--8

-02/27/01--01149--009

***1050.00 ***1050.00

2. Principal Office Address

5124 SE Harbor Terrace

3. Mailing Office Address

PO BOX 121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

PORT SALERNO FL

Zip

34997

Country

MARTIN

Zip

34992-0121

Country

MARTIN

REINSTATEMENT

09-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/03/1990

5. FEI Number

65-0231374

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

D'Angio, Robert A., Jr.

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

Regional Professional Building - 685 Royal Palm Beach Blvd.

Suite, Apt. #, Etc.

Suite 205

City

Royal Palm Beach

State

FL

Zip Code

33411

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

REGISTERED AGENT MUST SIGN

Date

2/7/01

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
PTD	<i>Miller, Frances M.</i>	<i>5124 SE Harbor Terrace</i>	<i>Stuart FL 34997</i>
VSD	<i>Miller, Charles H.</i>	<i>5124 SE Harbor Terrace</i>	<i>Stuart FL 34997</i>
			<i>LS</i>

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:

Frances M. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/2001

Date

561/219-4427

Daytime Phone #

CR2E081 (9/00)