## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 57937 1. Corporation Name Implan + Corporation of America 2299 9th AVE N # 1E 00 FEB - 3 PM 1: 16

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

St. Petersburg, FL 33713

Principal Place of Business

ZZ99 9th Ave N #1E

St. Petersburg, FL 33713

	. 1210,000	), · L					(Carrie L	
li above a	ddresses are incorrect in any way. Jin	e through incorrect	information and ent	er correction below	EINS"	PATEMIENT	$\mathcal{O}$	
If above addresses are incorrect in any way, line through incorrect information and enter continuous and enter con						porated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #,					5. FEI Numbe			
City & State City & State					l —	3135186	Not Applicable	
Zip	Country	Zip		ntry	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requir		Additional Fee required	
7. Names a	and Street Addresses of Each Officer	and/or Director (Flo	orida nonprofit corpo	orations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 2		Str Off 3 (Do NOT Us		•	City / State / Zip		
P/D	O. HILT TATU	m TIE	120 S	ands Pt	$D_r$	Tierra Vera	le FL 33715	
					4000031364447 -02/46/0001005011			
						***1358.75	***1358.75	
				<u> </u>				
							LS	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
				Name D. H	Name D. HILT TATUM TIL  Street Address (P.O. Box Number is Not Acceptable)  120 Sands Pt. Dr.			
				Street Address (P.O. Box Number is Not Acceptable)				
Suite, Apt. #, Etc					pands Pt Dr.			
				City	a VP	rde State Z	Zip Code 337/5	
10. I, being	appointed the registered agent of the	above named corp	oration, am familiar					
Signature of Registered A	Agent While 2	REGISTERED AC	BENT MUST SIGN		<del></del>	Date 1/31/20	00	
	is corporation owes thangible Personal Prop			Yes		(See other side fo		
12. I certify this reins owed by	that I am an officer or director or the restatement application, the reason for the corporation have been paid and application is true and accurate, and m	eceiver or trustee el lissolution has beer the names of individ	mpowered to execu n eliminated, the cor duals listed on this f	te this application as p porate name satisfies orm do not qualify for a	rovided for in cha the requirements an exemption und	of section 607.0401 or 617.0401,	, F.S., that all fees	
SIGNAT	TURE: SIGNATURE AND TYPED OF	haselest of	HIH TATUA SIGNING OFFICER OF	n <u>III Presid</u> R DIRECTOR	lent 11	31/2000 72 Date Daytin	7-327- ne Phone # 4505	