

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

2000 UBR

FILED

00 NOV -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S39145

1. Corporation Name

PRECISION MEDICAL, INC.

Principal Place of Business

2916 PALM RIVER RD
SUITE 205
TAMPA FL 33619

Mailing Address

2916 PALM RIVER RD
SUITE 205
TAMPA FL 33619

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1991

5. FEI Number

59-3060620

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	ETHERIDGE, GEORGE W.	3333 FAULKENBURG ROAD	TAMPA FL
STD	ETHERIDGE, LISA O.	3333 FAULKENBURG ROAD	TAMPA FL

700003473407--2
-11/21/00--01108--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

ETHERIDGE, GEORGE W.
3333 FAULKENBURG ROAD
SUITE 403
TAMPA FL 33619

Wrong address

9. Name and Address of New Registered Agent

Name

George W. Etheridge

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

2916 Palm River Road #205

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33619

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10/20/00

REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00
Date

(813) 246-5737 / X300
Daytime Phone #

CR20040 (8/00)

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PRECISION MEDICAL, Inc.

9216 PALM RIVER ROAD, SUITE 205 • TAMPA, FL 33619 • (813) 246-5737 • FAX (813) 246-5736

October 20, 2000

To Whom It May Concern:

Here is the information and check for Precision Medical Inc., 2000 corporate annual report. I have spoken to Ms. Michelle Milligan at your office regarding the reinstatement fee. She was able to confirm that our company was never mailed the paperwork. Ms. Milligan instructed me to pay the normal filing fee of \$150.00.

Please call me if you have any questions.

Sincerely,



George Mitseas
General Manager
Precision Medical Inc.