

APPLICATION FOR





DOCUMENT #

S39145

1. Corporation Name

PRECISION MEDICAL, INC.

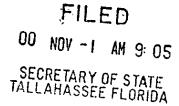
Principal Place of Business

Mailing Address

2916 PALM RIVER RD SUTTE 205 **TAMPA FL 33619**

2916 PALM RIVER RD SUTIE 205

TAMPA FL 33619





If above a	ddresses are i	ncorrect in any way, line t	hrough incorrect in	nformation and	d enter correction below.				
New Principal Office Address, If Applicable			New Mailing Office Address, if Applicable			Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Numbe	5. FEI Number Applied For		
City & State			City & State					Not Applicable	
Zip Country			Zip	Zip Cou		6. CERTIFICAT		S8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Add	resses of Each Officer an	d/or Director (Flo	orida nonprofit	corporations must list at le	east 3 directors)			
Title(s) Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director		ch	City / State / Zip		
PSD	ETHERIDGE, GEORGE W.			3333 FAULKENBURG ROAD		TAMPA FL			
STD	ETHERIDGE, LISA O.			3333 FAULKENBURG ROAD		TAMPA FL			
						ול	00003473 -11/21/00- ****150,00	34072 -01108008 ****150.00	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
EHTERIDGE, GEORGE W. 3333 FAULKENBURG ROAD SUITE-403 TAMPA FL 33619 10. 1, being appointed the registered agent of the above named corporation, am familiar wi					Suite, Apt. #, E	PAIM	thendae ristic Acceptable Poz	Q #205	
10. I, being Signature o Registered	f	MAGINA	bove named corp	E RE	QUIRED	obligations of Sec	tion 607.0505, F.S. Date	100	

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.

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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.