

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVAL
FILED
02 JUN 19 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V02092

1. Corporation Name

Clearwater Medical Services, Inc.

2. Principal Office Address

12920-M Automobile Blvd

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

337655

Country

USA

3. Mailing Office Address

12920-M Automobile Blvd

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

337655

Country

USA

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

5. FEI Number

59-3120188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001-2002

7. Name and Address of Current Registered Agent

Name

Todd Siegel

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

12920 Automobile Blvd

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33765

500005379505-9
-06/25/02--01071-017
***8778.75 ***908.75

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

Todd E. Siegel

Date

6/18/02

REGISTERED AGENT MUST SIGN

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
DP	Todd E. Siegel	12920 Automobile Blvd	Clearwater, FL 33765
STD	Michael Conroy	12920 Automobile Blvd	Clearwater, FL 33765

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/18/02

727-576-6311

Daytime Phone #

CR2E081 (9/01)

Holland & Knight LLP
Requester's Name

315 So. Calhoun Street
Address

425-5675
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Cart. Ware Inc P93-77225
(Corporation Name) (Document #)

2. Clearwater Medical Services, Inc. V02092
(Corporation Name) (Document #)

3. Lifeserv Technologies Inc P98-17710
(Corporation Name) (Document #)

4. Medica Item Management Systems, Inc P94-3960
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy

☒ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☒ Reinstatement
- ☐ Trademark
- ☐ Other

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials