PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 18 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V26152

1. Corporation Name

CENTERPOINT MEDICAL SERVICES, INC.

900163794989
12/18/09--01044--014 **1658.75

CR2E081 (11/09)

REINSTATEMENT 99-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4152 W. BLUE HERON BLVD.	4152 W. BLUE HERON BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 123	SUITE 123
City & State	City & State
RIVIERA BEACH, FL	RIVIERA BEACH, FL
Zip / Country	Zip / Country
33404 / USA	33404 / USA

4. Date Incorporated or Qualified To Do Business in Florida 04/02/1992

5. FEI Number 650297647 ☑ 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
ALFRED A. WALKER

Street Address (P.O. Box Number is Not Acceptable)
4152 W. BLUE HERON BLVD.

Suite, Apt. #, Etc.
SUITE 123

City: RIVIERA BEACH | State: FL | Zip Code: 33404

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date 11/17/2009
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
P/D	MONICA A. WALKER	4152 W. BLUE HERON BLVD. SUITE 123	RIVIERA BEACH, FL 33404

$12/18

10. **E-mail Address:** N/A
(To be used for future annual report notification)

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. I further certify, 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: _____ MONICA WALKER 11/17/2009 5618447699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #