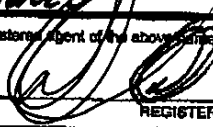
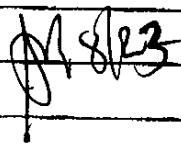


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 672350			
1. Corporation Name ALAN S. GRAVART, INC.			
2. Principal Office Address - No P.O. Box # 2650 OAKMONT Suite, Apt. #, etc.		3. Mailing Office Address 2650 OAKMONT Suite, Apt. #, etc.	
City & State WESTON, FL		City & State WESTON, FL	
Zip 33332	Country U.S.	Zip 33332	Country U.S.
4. Date incorporated or Qualified To Do Business in Florida 11/22/83			
5. FEI Number 592462998		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ 1. If Applicable, the corporation is requesting a certificate of status.			
☒ 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.			
7. Name and Address of Current Registered Agent			
Name DAVID R. HAZEN, JR.			
Street Address (P.O. Box Number is Not Acceptable) 560 NE 106TH ST			
Suite, Apt. #, Etc. N/A			
City MIAMI SPRING		State FL	Zip Code 33138
8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.			
Signature of Registered Agent 		Date 8/6/07	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D.	ALAN S. GRAVART M.D.	2650 OAKMONT WESTON, FL	33332
			400107610584
			08/09/07--01026--014 **1200.00
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 contained in Chapter 119, 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: 		Date 8/7/07 9543842469	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-07

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CR2E081 (1/07)