PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED 03-05
T. Roberts JUN 02 2005

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05/24/05--01053--001 **1058.75

DOCUMENT # P00000052935

1. Corporation Name
Glenn N. Taylor, Jr., D.M.D., M.D., P.A.

2. Principal Office Address	3. Mailing Office Address
2121 NW 40th Terrace	~~9500 SW 35th Lane~~ 9613 S.W. 34th Lane
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc.
City & State Gainesville, Florida	City & State Gainesville, Florida
Zip 32605 Country US	Zip 32608 Country US

4. Date Incorporated or Qualified To Do Business in Florida: May 31, 2000

5. FEI Number: 59-3652668 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Glenn N. Taylor M.D.

Street Address (P.O. Box Number is Not Acceptable): 2121 NW 40th Terrace

Suite, Apt. #, Etc.: Suite C

City: Gainesville | State: FL | Zip Code: 32605

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 5/17/05
REGISTERED AGENT MUST SIGN

CR2E051 (3/01)

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
D	Glenn N. Taylor, M.D.	2121 NW 40th Terrace, Suite C	Gainesville, FL 32605

FILED
05 MAY 24 AM 11:51
TALLAHASSEE, FLORIDA

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: _____ 5/17/05 352-332-2076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #