PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~**REINSTATEMENT**~~
2004 ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 16 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082063

1. Corporation Name
SOUTH FLORIDA INSTITUTE FOR INTEGRATIVE MEDICINE, INC

2. Principal Office Address	**3.** Mailing Office Address
3841 N.W. 53 STREET	3841 NW 53 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FLORIDA	City & State: BOCA RATON FLORIDA
Zip: 33496 Country: USA	Zip: 33496 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 161619815 ☐ 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: MARK LIBOW

Street Address (P.O. Box Number is Not Acceptable): 3841 NW 53 STREET

Suite, Apt. #, Etc.

300040223873
08/16/04--01079--013 **758.75

City: BOCA RATON State: FL Zip Code: 33496

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: Mark Libow Date: 8/11/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	LIBOW, MARK	3841 NW 53 STREET	BOCA RATON, FLORIDA 33496

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: Mark Libow 8/11/04 561-994-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #