PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 21 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

DOCUMENT # P02000083298

1. Corporation Name
The villages Internal Medicine and Geriatrics, Inc.

2. Principal Office Address	**3.** Mailing Office Address
1400 US Hwy 441 North	P. O. Box 950627
Suite, Apt. #, etc.: 924	Suite, Apt. #, etc.: ---
City & State: The villages, FL	City & State: Lake mary, FL
Zip: 32159 Country: U.S.A.	Zip: 32795 Country: U. S. A.

4. Date Incorporated or Qualified To Do Business in Florida: 08/01/2002

5. FEI Number: 03-0478296 ☐ 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: Jane Z. Cai, M.D.

Street Address (P.O. Box Number is Not Acceptable): 1400 US Hwy 441 North

Suite, Apt. #, Etc.: suite 924

City: The Villages State: FL Zip Code: 32795

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 03/17/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
President	Jane Z. Cai, M.D.	1400 US Hwy 441 North, #924	The villages FL 32159
		100049888601 04/05/05--01018--017 **450.00	

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 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: _____ 03/17/05 352-259-0238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

202

The Villages Internal Medicine and Geriatrics
1400 US Highway 441 North, Suite 924
The Villages, FL 32159
Phone: (352) 259-0238 Fax:(352) 750-0831

To:
Amendment Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

March 17, 2005

Dear Sir/Madam:

I am writing this letter to apply for waiving of reinstatement fee my corporation of The Villages Internal medicine and Geriatrics, Inc. I registered the corporation and fictitious name at the same in 08/01/2002 online and never realize that I need to register the corporation every year but not for fictitious name since my corporation is always active all the time (paying tax and worker's compensation each quarter and year). Also due to change of my address, I did not receive the letter from your department for registration in 2003. Attached is the reinstatement form and check $450 for the years I missed. Sorry for this and thanks for your consideration.

Sincerely,

Jane Z. Cai, MD