FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 15 AM 8:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 94000058665

1. Corporation Name

Steven A Meckstroth MD PA

REINSTATEMENT JJ

500023819815
10/15/03--01040--025 **150.00

2. Principal Office Address	**3.** Mailing Office Address
1656 Medical Blvd	
Suite, Apt. #, etc.: Suite 301	Suite, Apt. #, etc.
City & State: Naples, FL	City & State
Zip: 34110 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/8/94

5. FEI Number: 650518832 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SB 75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Steven A Meckstroth MD

Street Address (P.O. Box Number is Not Acceptable): 1656 Medical Blvd

Suite, Apt. #, Etc.: Suite 301

City: Naples State: FL Zip Code: 34110

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 10/9/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres	Steven A Meckstroth MD	1656 Medical Blvd Ste 301	Naples, FL 34110

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: _____ 10/9/03 239-593-6201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

grubb