

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -1 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02491

1. Corporation Name

2466 Medical Complex Condominium Association, Inc.

800030462268
03/15/04--01026--004 **1286.25

2. Principal Office Address

2466 East Commercial Boulevard

3. Mailing Office Address

2207 University Boulevard

Suite, Apt. #, etc.

Units 102, 103

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Chickasha, Oklahoma

Zip

33308

Country

USA

Zip

73018

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1984

5. FEI Number

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

Greenberg & Strelitz, P.A.

Street Address (P.O. Box Number is Not Acceptable)

4800 North Federal Highway

Suite, Apt. #, Etc.

Suite 304D

City

Boca Raton

REINSTATEMENT 87-04

State

FL

Zip Code

33431

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 02/24/04

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/S/D	Michael J. Davoli, M.D.	2207 University Boulevard	Chickasha, Oklahoma 73018
VP/T/D	Lisa K. Davoli	2207 University Boulevard	Chickasha, Oklahoma 73018
D	Lawrence Savarese	3800 Northeast 30th Avenue	Lighthouse Point, Florida 33064

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04

Date

(405) 779-2230

Daytime Phone #

CPRE081 (01/04)