APPLICATION FOR REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS REGISTERED AGENT INFORMATION FILED OO DEC 13 PM 12: 38 SECRETARY OF STATE FILED OO DEC 13 PM 12: 38 SECRETARY OF STATE OO DEC 13 PM 12: 38 SECRETARY OF STATE OF STATE FILED OO DEC 13 PM 12: 38 SECRETARY OF STATE OF STATE	▲ Tear Here ▲ PLEASE READ ALL INST	▲ Tear Here ▲ 「RUCTIONS BEFORE C			
Regel Instructions on Chinal Side Balance Making Entities Make Check Payable To: Department of State 1. Name and Mailing Address of Corporation: DOCUMENT # 579581 The Gordon Clinic, Inc. 344 West 65th Street #204 Hialeah, FL 33012 4. Date Incorporated or Qualified To De Business in Roves To De Business in Roves To De Business of Each Officer and/or Director (Florida nonprofil corporations must first at least 3 directors) Name at Officer and Street Address of Each Officer and/or Director (Florida nonprofil corporations must first at least 3 directors) Name at Officer and Street Address of Each Officer and/or Directors Title(s) 2 and Street Addresses of Each Officer and/or Directors 3 Used Address of Each Officer and/or Directors 1 ONT Use Post Office Box Numbers 1 ONT Use Post Office Box Numbers 1 ONT Use Post Office Box Numbers 1 ONT Use Post Office Box Numbers) 1 It changed, new registered agent / office	FOR	FII	LED	E	
The Gordon Clinic, Inc. 344 West 65th Street #204 Hialeah, FL 33012 4. Date Incorporated or Quasified To Do Business in Florids 7 / 15 / 1978 7. Names and Street Address of Each Officer and/or Director (Florida nonprolit corporations must list at least 3 directors) 7. Names and Street Addressed of Each Officer and/or Director (Florida nonprolit corporations must list at least 3 directors) 7. Name of Officers and/or Director (Florida nonprolit corporations must list at least 3 directors) PD Autonio 60/dau JR MD 344 W 65th 54 Hialeah, FL 33012 PERINAMENTON 18 thanged, new registered agent / office 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Make Check Payable To: Departn	nent of State			ay, enter the correct
Hildeall, FL 33012 3. If Induce Office Address is different from mailing address perfer address below: Address City and State 2p Code 4. Date Incorporated or Qualified To Do Business in Florida 7 / 15 / 1978 5. FEI Number 5. FEI Number FEI Number Applied For To Do Business of Each Officer and/or Director (Florida nonprolit corporations must list at teast 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at teast 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at teast 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at teast 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at teast 3 directors) 7. Name of Officer and/or Director (Florida nonprolit corporations must list at teast 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at teast 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at teast 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at teast 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at teast 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at teast 3 directors) 7. Names and Street Addresses of Each Office and Addresses of Each Officer and Addresses of E	The Gordon Clinic, Inc				Zip Code
4. Date Incorporated or Qualified To Do Business in Florida 7 / 15 / 1 9 78 5 9 - 18 41 147.5 FEI Number Applied For To Do Business in Florida 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Street Address of Each Officer and/or Director (Box Numbers) Name of Officer and/or Director 3 (Do NOT Use Post Officer Box Numbers) PD Autonio 6 ordan JR MD 3 H W 65Th 5+ Hialcah, FL 3301 2 BEGISTERED ACENT INFORMATION 9 If changed, new registered agent / office	•			ailing address enter	
To Do Business in Florida 7 5 1 9 78 5 9 - 18 9 14 14 15 15 15 15 15 15	4. Date Incorporated or Qualified 5. FFI Number	ner .		6. \$8.75 Addit	
Officer and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City / State / Zip PD Autonio Goldon JR MD 344 W 65th 54 Hialeah, FL 3301 2 BIOLOGISCO - 01077 - 009 *****900.00 *****900.00 *****900.00 *****900.00 *****900.00 *****900.00	To Do Business in Florida 7 / 15 / 1978 59-	1841475 FEI	Number Not Applicable	for a Certif	licate of Status
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REGISTERED AGENT INFORMATION				-12/20/00	
O. M. and Address of County Province of Association		Name	If changed, new reg	istered agent / office	
8. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number) City State Zip	. Autorio Goldon JR MD 344 W 65th St	Street Address (Do	Street Address (Do NOT Use P.O. Box Number) City State Zip		
10. I. being appointed the registered attent of the above named observation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 12/11/60	10. I. being appointed the registered altent of the above named corresponding of Registered Agent			05, F.S.	
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.	<u>`</u>		ot status, check	this box 🔲 a	
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No See other side for information on intangible tax.) 13. I certify that I am an officer or difficion 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 filling	Dept. of Revenue under S. 199.032,	Florida Statutes. Yes application as property of the statutes.	provided for in chapter 607	on intangibl	tertify 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director Date 12/11/00 Daytime Phone # 355.56-64.59 Typed or printed name of signing officer or director Automatical and the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under our printed name of signing officer or director Automatical and the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under our printed name of significant or director and the corporation is true and accurate. Date 12/11/00 Daytime Phone # 355.56-64.59	this reinstatement application the reason for dissolution has been been been been been paid. The information in under oath. Signature of Officer or Director	Date 12/11/0	the requirements of secti curate, and my signature	ion 607.0401 or 617.04 shall have the same le	ion, F.S., and that all gal effect as if made