FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 FEB -4 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500011594125
01/31/03--01061--024 **135.00

DOCUMENT # 591172

1. Corporation Name

Nolan E. Lerner, M.D., P.A.

2. Principal Office Address	3. Mailing Office Address
333 NW 70th Avenue	333 NW 70th Avenue
Suite, Apt. #, etc. Suite 107	Suite, Apt. #, etc. Suite 107
City & State Plantation, Florida	City & State Plantation, Florida
Zip 33317 County Broward	Zip 33317 County Broward

4. Date Incorporated or Qualified To Do Business in Florida 10/20/1978

5. FEI Number: 59-1866713 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Nolan E. Lerner

Street Address (P.O. Box Number is Not Acceptable): 333 NW 70th Avenue

Suite, Apt. #, Etc: Suite 107

City: Plantation State: FL Zip Code: 33317

8. I hereby appointed the registered agent of the above named corporation, and familiar and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: X Nolan E. Lerner Date: 1-23-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Nolan E. Lerner	333 NW 70th Avenue	Plantation, Fl 33317

10. I certify that I am an officer or director of 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: X Nolan E. Lerner 1-23-03

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

Nolan E. Lerner

REINSTATEMENT 80-03