

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 26 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IDA

REINSTATEMENT 03-04

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04/09/04--01029--021 **900.00

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| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|

DOCUMENT # 602366

1. Corporation Name

ALFRED C. BOWEN P.A.

| | |
|--|--|
| 2. Principal Office Address 16321 VIA VENETIA EAST Suite, Apt. #, etc. | 3. Mailing Office Address 16321 VIA VENETIA EAST Suite, Apt. #, etc. |
|--|--|

| | |
|----------------------------------|----------------------------------|
| City & State DELRAY BEACH, FL | City & State DELRAY BEACH, FL |
| Zip 33484 | Zip 33484 |
| Country | Country |

| | |
|---|--|
| 4. Date Incorporated or Qualified To Do Business in Florida 08/31/70 | Applied For Not Applicable |
| 5. FEI Number 591301277 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | \$8.75 Additional Fee required for a Certificate of Status |

| | | |
|--|-------------|-------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name BOWEN, ALFRED C | | |
| Street Address (P.O. Box Number is Not Acceptable) 16321 VIA VENETIA EAST | | |
| Suite, Apt. #, Etc. | | |
| City DELRAY BEACH | State FL | Zip Code 33484 |

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 Alfred C. Bowen M.D. Date 19 April 04

REGISTERED AGENT MUST SIGN

| 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 |
| PSTD | BOWEN, ALFRED C | 16321 VIA VENETIA EAST | DELRAY BEACH, FL 33484 |
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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: Alfred C. Bowen M.D. Date 2 April 04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #