PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 23 PM 3: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 674678

1. Corporation Name

GARY MONTSDEOCA, M.D.P.A.

7000674 71517
03/09/06--01037--002 **1200.00

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
4343 SUN N LAKE BLVD.	4343 SUN N LAKE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SEBRING, FL.	City & State SEBRING, FL.

Zip 33872	Country USA	Zip 33872	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59 2032494

☐ 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
GARY MONTSDEOCA, M.D.

Street Address (P.O. Box Number is Not Acceptable)
4343 SUN N LAKE BLVD.

Suite, Apt. #, Etc.

City SEBRING, FL.	State FL	Zip Code 33872

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 _[signature]_   Date 2/22/06

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
P	GARY MONTSDEOCA, M.D.	4343 SUN N LAKE BLVD.	SEBRING,FL.33872

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 contained in Chapter 119, 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: _[signature]_   2/22/06

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