PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMUYED FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT 97 OCT 30 AM 8: 58 DIVISION OF CORPORATIONS F38749 SECRETARY OF STATE TALL AHASSEE, FLORIDA **DOCUMENT #** 1. Corporation Name SHEN HSIUNG TSENG, M.D., P.A. Principal Place of Business Malling Address 9000 SW 60TH AVE (33156) 9000 SW 60TH AVE (33156) P.O. BOX 163600 P.O. BOX 163600 MIAMI FL 33116-0600 MIAMI FL 33116-0600 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 59-2115367 Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Žip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip DPT tseng. Hsiung shen 9000 SW 60 AVE MIAMI FL 700002337757--8 -11/04/97--01064--012 ****758.75 ****758.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name TSENG, SHEN HSIUNG Street Address (P.O. Box Number is Not Acceptable) 9000 S.W. 60TH AVENUE **MIAMI FL 33156** Suite, Apt. #, Etc. City Zip Code State 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTER D AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. on Intangible tax.) Yes 12. 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 AND TYPED OR PRINTED NAME

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: