


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
05 MAY 09 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F50167**

1. Corporation Name  
Richard D Barfield, MD, PA

*Handwritten:* 100055213141  
5/25/05--01007--002 \*\*1800.00

2. Principal Office Address  
103 Lighthouse Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Jupiter Inlet Colony, Florida

City & State

Zip  
33469

Country  
Palm Beach

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
**20-2796638**

☒ Applied For  
☐ Not Applicable

6. ☒ CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 99-05**

7. Name and Address of Current Registered Agent

Name  
Richard D. Barfield, MD

Street Address (P.O. Box Number is Not Acceptable)  
103 Lighthouse Drive

Suite, Apt. #, Etc.

City  
Jupiter Inlet Colony

State  
**FL**

Zip Code  
33469

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

*Handwritten signature of R. Barfield*

Date **5/5/05**

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
Pres	Richard D. Barfield	103 Lighthouse Drive	Jupiter Inlet Colony, FL 33469
VP	Marilyn L. Barfield	103 Lighthouse Drive	Jupiter Inlet Colony, FL 33469

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:

*Handwritten signature of R. Barfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/05

Date

561-222-0581

Daytime Phone #

CR2E081 (01/05)