PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DÉPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # F 55 192 98 JUL 17 AM 10: 58 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ROBERT M. BRERETON, M.D., P.A. Principal Place of Business Mailing Address 15617 Fiddlesticks Boulevard Fort Myers, FL 33912 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 11/13/81 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable N/A N/A Suite, Apt. #, etc Suite, Apt. #, etc. 5. FEI Number N/A City & State Applied For N/A 59-2136712 City & State N/A N/A \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status N/A USÁ N/A USA 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) City / State / Zip Title(s) Pres/D Robert M. Brereton, M.D. 15617 Fiddlesticks Blvd Fort Myers, FL 33912 700002600487---01063---004 ***1508.75 REINSTATEM 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Robert M. Brereton, M.D. Street Address (P.O. Box Number is Not Acceptable) ROBERT M. BRERETON, M.D. 15617 Fiddlesticks Boulevard Suite, Apt. #, Etc. 15617 Fiddlesticks Boulevard Fort Myers, FL 33912 N/A City State Zip Code Fort Myers
with and accept the obligations of Section 607.0505, F.S FL |33912 10. I, being appointed the registered agent of the above named corporation Signature of Registered Agent Date 6/1/9<u>8</u> REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes X No L Intangible Personal Property tax due June 30. 12. Legrify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. BRERETON, M.D., President

(941)561-1185

Daylime Phone #

COLEMAN & COLEMAN

ATTORNEYS AT LAW

2300 MEGREGOR BOULEVARD

POST OFFICE BOX 2089

FORT MYERS, FLORIDA 33902-2089

JOHN CHARLES COLEMAN ROBERT J. COLEMAN

July 14, 1998

TELEPHONE

(841) 332-5317

FAX

(941) 332-3557

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Robert M. Brereton, M.D., P.A.

Application for Reinstatement Payment of Related Fees

Dear Sir/Madam:

Enclosed please find an Application for Reinstatement for Robert M. Brereton, M.D., P.A. Also enclosed is a check payable to the Department of State in the sum of \$1,508.75. Once the corporation has been reinstated, please forward the certificate of status to Dr. Brereton at the corporate address, to wit: 15617 Fiddlesticks Boulevard, Fort Myers, FL 33912.

If you have any questions, call me collect at the above telephone number.

Thank you for your cooperation.

Sincerely yours,

John Charles Coleman

JCC:sm

cc: Robert M. Brereton, M.D.