


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F63526			
1. Corporation Name ALICE I. FENIQUITO, M.D., P. A.			
2. Principal Office Address 1194 HYACINTH PL Suite, Apt. #, etc.		3. Mailing Office Address 1194 HYACINTH PL Suite, Apt. #, etc.	
City & State WELLINGTON, FL		City & State WELLINGTON, FL	
Zip 33414	Country USA	Zip 33414	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 01/18/1982		5. FEI Number 592147957	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 ALICE I FENIQUITO			
Street Address (P.O. Box Number is Not Acceptable) 1194 HYACINTH PL			
Suite, Apt. #, Etc. 			
City WELLINGTON		State FL	Zip Code 33414
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 <u>Alice I Feniquito M.D. P.A.</u> Date <u>6/21/04</u> 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	ALICE I FENIQUITO	1194 HYACINTH PL	WELLINGTON, FL 33414
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: <u>Alice I Feniquito M.D.P.A.</u> ALICE I FENIQUITO		Date <u>6/21/04</u>	Daytime Phone # <u>561-793-1044</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

REINSTATEMENT 03-04

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06/29/04--01064--010 **\$800.00

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P.3

DATE: 06/21/2004

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: ALICE I FENIQUITO
ALICE I. FENIQUITO, M.D., P. A.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY
MAIL. 2003

PLEASE FILE OUR ANNUAL REPORT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 561-793-1044

THANKS,

Alice I Feniquito M.D. P.A.
ALICE I FENIQUITO, President, Secretary, Treasurer & Director
ALICE I. FENIQUITO, M.D., P. A.