PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 24 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F89856

1. Corporation Name

Hansung Kim, M.D., P.A.

2. Principal Office Address	3. Mailing Office Address
21178 Olean Blvd. N.W. #4	9030 Moor Park Run
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Duluth Ga.
Zip: 33952 Country: United States	Zip: 30097 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 07/07/1982

5. FEI Number: 59-2245630 ☐ 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: Hansung Kim, M.D.

Street Address (P.O. Box Number is Not Acceptable): 21178 Olean Blvd., N.W. #4

Suite, Apt. #, Etc.:

City: Port Charlotte | State: FL | Zip Code: 33952

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Hay Kim Date: 3/14/05

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
D/P	Hansung Kim	21178 Olean Blvd., N.W. #4	Port Charlotte, FL 33952

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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: Hay Kim 3/15/05 (770)622-5943

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