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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000006766 1. Corporation Name THE DOCTOR DIRECTORY, INC.			
2. Principal Office Address - No P.O. Box # One Page Avenue <small>Suite, Apt. #, etc.</small> Suite 280 City & State Asheville, North Carolina Zip Country 28801 USA		3. Mailing Office Address One Page Avenue <small>Suite, Apt. #, etc.</small> Suite 280 City & State Asheville, North Carolina Zip Country 28801 USA	
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road <small>Suite, Apt. #, etc.</small> City State Zip Code Plantation FL 33324		4. Date Incorporated or Qualified To Do Business in Florida 12/23/1996 5. FBI Number 65-0698327 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED Yes <small>Additional Fee required for a Certificate of Status</small>	
<h1>REINSTATEMENT</h1> <p>NOV 05 2014</p> <p>R. HUNT</p>			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. Signature of Registered Agent <u>Connie Bryan</u> Connie Bryan Date <u>11/5/2014</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)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Preside	Jay Grobowsky	1 Page Ave, Ste 280	Asheville, NC 28801
Soc	Mike Sonnenberg	1 Page Ave, Ste 280	Asheville, NC 28801
Director	Elias Hourani	1 Page Ave, Ste 280	Asheville, NC 28801
Director	Peter Killianly	1 Page Ave, Ste 280	Asheville, NC 28801
Director	Clifford Donnelly	1 Page Ave, Ste 280	Asheville, NC 28801
10. E-mail Address: <u>Paul.Wingefeld@doctordirectory.com</u> <small>(To be used for future annual report notification)</small>			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.156, F.S.			
SIGNATURE: <u>Jay Grobowsky</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>11/4/14</u> 828-255-0012 <small>Division Phone #</small>	

Division of Corporations

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
THE DOCTOR DIRECTORY, INC.

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NOV 05 2014

R. HUNT