


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000004106 1. Corporation Name ST. MATTHEWS UNIVERSITY SCHOOL OF MEDICINE LIMITED CORPORATION			
2. Principal Office Address 1005 W. College Boulevard Suite, Apt. #, etc. Suite A City & State Niceville, Florida Zip Country 32578 USA		3. Mailing Office Address 1005 W. College Boulevard Suite, Apt. #, etc. Suite A City & State Niceville, Florida Zip Country 32578 USA	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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4. Date Incorporated or Qualified To Do Business in Florida 08/05/97	
5. FEI Number 52-2052314	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$875 Additional Fee required for Certificate of Status	

7. Name and Address of Current Registered Agent

Name	
Michael A. Harris, M.D.	
Street Address (P.O. Box Number is Not Acceptable)	
1005 W. College Boulevard	
Suite, Apt. #, Etc.	
Suite A	
City	State Zip Code
Niceville	FL 32578

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 *Michael A. Harris*, Michael A. Harris, M.D. Date December 6, 2001
 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
C/D	Michael A Harris MD	1005 College Blvd W, Suite A	Niceville, FL 32578
D	Galen P Swartzendruber MD	3430 Flamingo Road	Sarasota FL 34242
D	V Harrison Courtenay	37 Regents Street	Belize City Belize, CENTRAL AMERICA
D	Seferino Paz Jr	Post Office Box 91	San Pedro Town, Ambergris Caye Belize, CENTRAL AMERICA

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: *Michael A. Harris*, Michael A. Harris, M.D. 12/06/2001 (850) 678-1225
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRP081 (9/99)