

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 DEC 10 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

32578

Country

USA

**3. Mailing Office Address**

1005 W. College Boulevard

Suite, Apt. #, etc.

Suite A

City & State

Niceville, Florida

Zip

32578

Country

USA

**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** ☒ **AN**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

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**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

Niceville

State  
**FL**

Zip Code

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, 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<br>Officers and/or Directors | Street Address of Each<br>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<br>Belize, CENTRAL AMERICA                    |
| D      | Seferino Paz Jr                      | Post Office Box 91                                | San Pedro Town, Ambergris Caye<br>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, M.D.

12/06/2001

(850) 678-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)