

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 SEP 23 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/25/02--01081--030
****900.00 ****900.00

REINSTATEMENT 01-02

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 413064			
1. Corporation Name William N. Allen, M.D., P.A.			
2. Principal Office Address 115 Key Haven Rd. Suite, Apt. #, etc.		3. Mailing Office Address 115 Key Haven Rd. Suite, Apt. #, etc.	
City & State Key West, FL		City & State Key West, FL	
Zip 33040	Country USA	Zip 33040	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/16/84	
5. FEI Number 59-2424093	Applied For 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 William N. Allen		
Street Address (P.O. Box Number is Not Acceptable) 115 Key Haven Rd		
Suite, Apt. #, Etc.		
City Key West,	State FL	Zip Code 33040

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 William N Allen **Date** 9/18/02

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
D/P	William N. Allen	115 Key Haven Rd.	Key West, FL 33040

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: William N Allen **Date** 9/18/02 **Daytime Phone #** (305) 296-8379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

9/24/02