

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

10 JUL 19 PM 1:11

DOCUMENT # H84708

1. Corporation Name

DR S F WERNOW DPM, P.A.

500183427045 07/19/10--01059--012 **1200.00

2. Principal Office Address - No P.O. Box # 9397-1 SAN JOSE BLVD Suite, Apt. #, etc. City & State JACKSONVILLE FL Zip 32257 Country USA

3. Mailing Office Address 9397-1 SAN JOSE BLVD Suite, Apt. #, etc. City & State JACKSONVILLE FL Zip 32257 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/01/1985 5. FEI Number 59-2599959 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (6/10)

7. Name and Address of Current Registered Agent Name EDA BOYLE EDGERTON Street Address (P.O. Box Number is Not Acceptable) 818 A1A NORTH SUITE 206 Suite, Apt. #, Etc. City PONTE VEDRA BEACH State FL Zip Code 32082

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 [Signature] Date 7/15/10 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Table with columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry: P SHELDON F WERNOW 9397-1 SAN JOSE BLVD JACKSONVILLE FL 32257

REINSTATEMENT 07-10

10. E-mail Address: eda@edacpa.com (To be used for future annual report notification)

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 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, 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. SIGNATURE: [Signature] Date 7/15/10 Daytime Phone # 904731-9293