PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT 07 JUN 18 AM 7: 34 DIVISION OF CORPORATIONS LURE LATY OF STATE ALLAHASSEE, FLORIDA DOCUMENT # J94487 1. Corporation Name Alfredo Fernandez, M.D., P.A. REINSTATEMENT 94-07 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address Same 6101 Webb Rd CR2E081 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 101 Date Incorporated or Qualified To Do Business in Florida 10/1/87 City & State City & State Applied For Tampa, FL 59-2853974 Not Applicable Country Hillsborough Zip Country 33615 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required 7. Name and Address of Current Registered Agent ปั๊oึse Valiente The reinstatement fee is imposed, except in circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you are certifying the prior notices were not Stift #950 received and requesting the reinstatement fee be waived. Tampa 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Tampa, FL 33615 D Alfredo Fernandez 6101 Webb Rd. Suite 101 400104888784 06/26/07--01049--013 **2408.75 400104888784 06/26/07--01049--014 400104888784 06/26/07--01049--015 **!5 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 contained in Chapter 119, 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. 4/26/07 813-933-3943 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/20