PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 FEB 11 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K94522

1. Corporation Name
WILLIAM B PRINGLE III P.A.

REINSTATEMENT 91-03

2. Principal Office Address	3. Mailing Office Address
390 N. ORANGE AVE	390 N ORANGE AVE
Suite, Apt. #, etc. SUITE 2100	Suite, Apt. #, etc. SUITE 2100
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32801 Country USA	Zip 32801 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/8/1989 ☐ Applied For ☐ Not Applicable

5. FEI Number 592952072

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: WILLIAM B PRINGLE III
Street Address (P.O. Box Number is Not Acceptable): 390 N. ORANGE AVE
Suite, Apt. #, Etc.: SUITE 2100
City: ORLANDO
State: FL
Zip Code: 32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: William B. Pringle III — REGISTERED AGENT MUST SIGN — Date 2/10/03

CR2E031 (1/02)

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
PRES.	WILLIAM B PRINGLE III	390 N. ORANGE #2100	ORLANDO FL 32801

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 B. Pringle III 2/10/03 (407) 843-3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

WILLIAM B. PRINGLE III, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$2,470.00