FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 20 PM 4:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

900005080989--7
-03/11/02--01083-016
***1200.00 ***1200.00

DOCUMENT # L77481

1. Corporation Name
Rodney D. Young MD PA

2. Principal Office Address	3. Mailing Office Address
1190 NW 95th ST	Same
Suite, Apt. #, etc. 410	Suite, Apt. #, etc.
City & State Miami, Fla	City & State
Zip 33150 Country U.S	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5/31/80

5. FEI Number 65-021 8671 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Rodney D. Young
Street Address (P.O. Box Number is Not Acceptable): 14135 N. Miami Ave
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33168

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 Date 1/28/2002

CR2E081 (8/01)

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
P	Rodney D. Young MD	14135 N. Miami Ave	Miami Fla 33168
VP	Linda G. Young	14135 N Miami Ave	Miami Fla 33168

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: _____ 1/04/02 305 835-1811 AT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #