PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JAN -7 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT 02MR3

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L95006

1. Corporation Name SERGIO A. SOBREDO, JR., M.D., P.A.

500009575925
12/18/02--01037--002 **150.00
500009575925
01/03/03--01026--001 **150.00

2. Principal Office Address	3. Mailing Office Address
7180 ORCHID TREE DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GRANT FL	City & State
Zip: 32949 Country: BREVARD	Zip: 32949 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3026329 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: SERGIO A. SOBREDO, JR., M.D.

Street Address (P.O. Box Number is Not Acceptable): 7180 ORCHID TREE DR.

Suite, Apt. #, Etc.:

City: GRANT State: FL Zip Code: 32949

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 _____ Date 12DEC02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PRESIDENT	SERGIO A. SOBREDO JR	7180 ORCHID TREE DR	GRANT, FL 32949

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: _____ SERGIO A. SOBREDO, JR., MD PRESIDENT 12DEC02 321.403.1680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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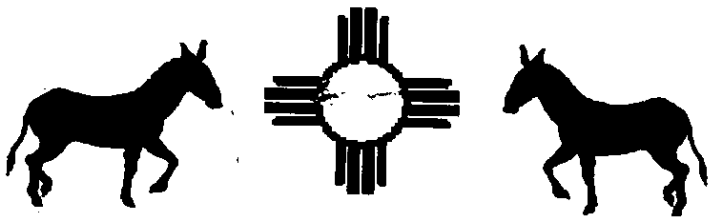

HONKY DONKEY RANCH

www.honkydonkeyranch.com

7180 Orchid Tree Dr., Grant FL 32949 Tel: 321.726.8936 Fax: 321.726.8382

Blue Dog House • Zuni House • Portrayals Photography & Art
Honky Donkey Music • HDR Productions

Hosts: Sergio A. Sobredo, Jr., M.D. Tel: 321.403.1680 Email: beachboy3@aol.com
Julie Rondolino-Sobredo Tel: 321.403.1681 Email: beachgirl@aol.com

12 Dec 02

To Whom It May Concern:

Please note that our address has changed to the above and I never received 2002 RENEWAL for my CORPORATION:

SERGIO A. SOBREDO, JR., M.D., P.A.

Previous address: 638 Ocean Street
Satellite Beach, FL 32937

New Address: 7180 Orchid Tree Dr.
Grant, FL 32949
Tel: 321.726.8936

Address change forms were previously sent to Florida Dept. of Corporations via email, however apparently this did not transfer over.

Attached is completed reinstatement form for my corporation

Thank you,

Sergio A. Sobredo, Jr., M.D.