PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 14 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/26/04--01052--015 **1350.00

REINSTATEMENT 00-24
TR

DOCUMENT # M24299

1. Corporation Name

CAROLINE H. FENDERSON, M.A., P.A.

2. Principal Office Address	3. Mailing Office Address
25400 US HWY 19 N	25400 US HWY 19 N
Suite, Apt. #, etc. STE 172	Suite, Apt. #, etc. STE 172
City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33763 Country USA	Zip 33763 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/6/85

5. FEI Number 59-2620731 ☐ 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 CAROLINE H. FENDERSON

Street Address (P.O. Box Number is Not Acceptable) 25400 US HWY 19 N

Suite, Apt. #, Etc. STE 172

City CLEARWATER State FL Zip Code 33763

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 Caroline H. Fenderson Date May 11, 2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
DP	CAROLINE H. FENDERSON	29 FRESHWATER DR	PALM HARBOR, FL 34684
VS	KENDRICK FENDERSON	29 FRESHWATER DR	PALM HARBOR, FL 34684

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: Caroline H. Fenderson May 11, 2004 727-934-4514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CAROLINE H FENDERSON