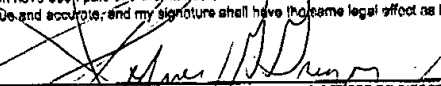


CAPITAL CONNECTION

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11/02 '01 09:10 NO.959 01/01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M66924			
1. Corporation Name Rodney G. Gregory P.A.			
2. Principal Office Address 3900 Atlantic Blvd		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State	
Zip 32207	Country USA	Zip	Country
4. Date incorporated or Qualified To Do Business in Florida: 1985			
5. FEI Number 59-2869341		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$2.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Rodney G. Gregory			
Street Address (P.O. Box Number is Not Acceptable) 3900 Atlantic Blvd			
Suite, Apt. #, Etc.			
City Jacksonville		State FL	Zip Code 32207
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.			
Signature of Registered Agent 		Date 11-02-01	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Rodney G. Gregory	3900 Atlantic Blvd	Jax, Fla. 32207
Secretary	Same		
Treasurer	Same		
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: 		Date 11/2/01	Daytime Phone # 904.398.0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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SECRETARY OF STATE
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REINSTATEMENT 00-01