CAPITAL CONNECTION 850 222 1222 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

FILED
01 DEC 31 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M66924

1. Corporation Name
Rodney G. Gregory P.A

700004755387--3
-01/07/02--01048--004
****300.00 ****300.00

2. Principal Office Address	3. Mailing Office Address
3900 Atlantic Blvd	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 ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Rodney G. Gregory

700004755387--3
-01/07/02--01048--003
****600.00 ****00.00

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 11-02-01

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	Rodney G Gregory	3900 Atlantic Blvd	Jax. Fla. 32207
Secretary	Same		
Treasurer	Same		
		REINSTATEMENT 00-01	

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/2/01 Daytime Phone #: 904.398.0012