CAPITAL CONNECTION 850 222 1222 06/22 '05 15:26 NO.251 02/03

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL 13 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M66924

1. Corporation Name
Rodney G. Gregory, P.A.

(N)

REINSTATEMENT 02-05

2. Principal Office Address	3. Mailing Office Address
3900 Atlantic Blvd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax. fla.	City & State
Zip: 32207 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 59-2869341 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 additional fee applies 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: July 1, 2005

CR2E081 (6/05)

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
	No other officer		
		500057693265	
		07/26/05--01019--009 **1200.00	

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] July 1, 2005 904.398.0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #