

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 26 PM 3: 39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

M89087

1. Corporation Name

PALM BAY DERMATOLOGY ASSOCIATES, INC.

N-28555

2. Principal Office Address

5201 BABCOCK STREET NE

Suite, Apt. #, etc.

SUITE 3

City & State

PALM BAY FLORIDA

Zip

Country

32905

USA

3. Mailing Office Address

5201 BABCOCK STREET NE

Suite, Apt. #, etc.

SUITE 3

City & State

PALM BAY FLORIDA

Zip

Country

32905

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida

07/01/1988

5. FEI Number

59-2896023

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

RUBEN A. MORENO

Street Address (P.O. Box Number is Not Acceptable)

633 CEDAR SIDE WAY

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32940

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\*\*\*\*\*8.75 \*\*\*\*\*8.75

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\*\*\*1200.00 \*\*\*1200.00

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 10-23-00

REGISTERED AGENT MUST SIGN

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
Pres.	RUBEN A. MORENO	633 CEDAR SIDE WAY	MELBOURNE, FLORIDA 32940

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00 (321) 768-1600

Date

Daytime Phone #

CR2E081 (9/99)