PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -4 AM 9:56

DOCUMENT # N00000004746

1. Corporation Name

PINECREST MEDICAL STAFF FUND, INC.

REINSTATEMENT 01

2. Principal Office Address		**3.** Mailing Office Address	
c/o Pinecrest Rehab Hospital Medical Staff Office		c/o Pinecrest Rehab Hospital Medical Staff Office	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
5360 Linton Blvd.		5360 Linton Blvd.	
City & State		City & State	
Delray Beach, FL		Delray Beach, FL	
Zip	Country	Zip	Country
33484	USA	33484	USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/19/2000

5. FEI Number: 65-1024766 ☐ 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

100004725151--6
-12/13/01--01069--013
****236.25 ****236.25

Name: Jeffrey L. Cohen

Street Address (P.O. Box Number is Not Acceptable): 54 N.E. Fourth Avenue

Suite, Apt. #, Etc.:

City: Delray Beach | State: FL | Zip Code: 33483

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: Jeffrey L. Cohen REGISTERED AGENT MUST SIGN Date: 11/26/01

CR2E081 (9/00)

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
P/D	Jeffrey Farber, M.D.	~~Pinecrest Rehab Hospital~~ 5360 Linton Blvd.	Delray Beach, FL 33484
T/D	Charles Graubert, M.D.	Pinecrest Rehab Hospital 5360 Linton Blvd.	Delray Beach, FL 33484
S/D	Scott Berger, M.D.	4800 Linton Blvd. Building B	Delray Beach, FL 33445
D	Bruce Barton, M.D.	9980 Central Park Blvd. #112	Boca Raton, FL 33428
D	Mona Wolpe, M.D.	10075 Jog Road, Suite 108	Boynton Beach, FL 33437
	SEE CONTINUATION SHEET		

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] 11.15.01 561-495-3002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jeffrey Farber, M.D. President

CONTINUATION SHEET
CORPORATION REINSTATEMENT
NAMES AND STREET ADDRESSES OF OFFICERS AND/OR DIRECTORS
PINECREST MEDICAL STAFF FUND, INC.

TITLE	NAME OF OFFICER AND/OR DIRECTOR	STREET ADDRESS OF EACH OFFICER AND/OR DIRECTOR	CITY/STATE/ZIP
D	Charles Finkbeiner, M.D.	10075 Jog Road, Suite 108	Boynton Beach, FL 33437
D	Vartgez Mansourian, M.D.	951 NW 13th Street, Suite 2B	Boca Raton, FL 33428
D	Joseph Alshon, M.D.	4800 Linton Blvd., Bldg. A, Suite 203	Delray Beach, FL 33445