


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 DEC 13 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009716

1. Corporation Name  
FTIRE, Inc.

2. Principal Office Address 4887 Belfort Road

Suite, Apt. #, etc. Suite 103

City & State Jacksonville, FL

Zip 32256 Country USA

3. Mailing Office Address 4887 Belfort Road

Suite, Apt. #, etc. Suite 103

City & State Jacksonville, FL

Zip 32256 Country USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 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 Jose Debs-Elias

Street Address (P.O. Box Number is Not Acceptable) 4887 Belfort Road

Suite, Apt. #, Etc. Suite 103

City Jacksonville State FL Zip Code 32256

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] Date 12/09/2004

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
P	Manuel B. Portolatin, MD	4887 Belfort Road, Suite 103	Jacksonville, FL 32256
VP	Michael Janssen, MD	4887 Belfort Road, Suite 103	Jacksonville, FL 32256

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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: Manuel B. Portolatin Date 12-09-04 (904) 874-3534

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

CR2E001 (01/04)