
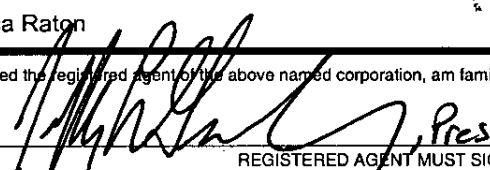



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  04 MAR -1 PM 12:32  SECRETARY OF STATE TALLAHASSEE, FLORIDA  <b>800030462268</b> 03/15/04--01026--004 **1286.25	
<b>DOCUMENT # N02491</b>				
<b>1. Corporation Name</b>  2466 Medical Complex Condominium Association, Inc.				
<b>2. Principal Office Address</b> 2466 East Commercial Boulevard  Suite, Apt. #, etc. Units 102, 103  City & State Fort Lauderdale, Florida  Zip 33308      Country USA		<b>3. Mailing Office Address</b> 2207 University Boulevard  Suite, Apt. #, etc.  City & State Chickasha, Oklahoma  Zip 73018      Country USA		
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 04/11/1984		
		<b>5. FEI Number</b> <span style="float: right;">Applied For <input checked="" type="checkbox"/> Not Applicable</span>		
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>		
<b>7. Name and Address of Current Registered Agent</b>				
Name Greenberg & Strelitz, P.A.				
Street Address (P.O. Box Number is Not Acceptable) 4800 North Federal Highway				
Suite, Apt. #, Etc. Suite 304D				
City Boca Raton				
<b>REINSTATEMENT 87-04</b>				
<b>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.</b>				
Signature of Registered Agent 		Date 02/24/04		
REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P/S/D	Michael J. Davoli, M.D.	2207 University Boulevard	Chickasha, Oklahoma 73018	
VP/T/D	Lisa K. Davoli	2207 University Boulevard	Chickasha, Oklahoma 73018	
D	Lawrence Savarese	3800 Northeast 30th Avenue	Lighthouse Point, Florida 33064	
<b>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.</b>				
<b>SIGNATURE:</b> 		<b>(405) 779-2230</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/25/04	Daytime Phone #	

CR2E081 (01/04)