PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 23 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000009738

1. Corporation Name

Townview Medical Arts Center Owners Association Inc

W06 — 44501

AMENDMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
7304 Gall Blvd.	411 Commercial Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite E
City & State	City & State
Zephyrhills, Florida	Venice, Florida
Zip / Country	Zip / Country
33541 / USA	34292 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/04/03

5. FEI Number: None ☐ 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: James H. Bingham, Sr.

Street Address (P.O. Box Number is Not Acceptable): 411 Commercial Court

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10/23/06 01052-017 **25.25

Suite, Apt. #, Etc.: Suite E

City: Venice | State: FL | Zip Code: 34292

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 10/4/06

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
PTD	Bingham, James H. Sr.	411 Commercial Ct, Suite E	Venice, Florida 34292
SVD	Grossbard, Lee J. Dr.	37840 Medical Arts Court	Zephyrhills, FL 33541
D	Cheema, Pavitar S.	38023 N. Medical Avenue	Zephyrhills, FL 33541
		10/26	900091398455 10/31/06--01078--017 **131.25

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 contained in Chapter 119, 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: _____ James H. Bingham, Sr. President — 813-788-2759

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