PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 18 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

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-06/25/02--01052--001
****306.25 ****306.25

DOCUMENT # N04490

1. Corporation Name
Kissimmee Multispecialty Clinic Condominium Association, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
201 Hilda Street		111 N. Orlando Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 30			
City & State		City & State	
Kissimmee, FL		Winter Park, FL	
Zip	Country	Zip	Country
34741-2364	USA	32789-3675	USA

4. Date Incorporated or Qualified To Do Business in Florida 08/01/1984

5. FEI Number 59-3539564 ☐ 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: T. L. Trimble

Street Address (P.O. Box Number is Not Acceptable): 111 N. Orlando Avenue

Suite, Apt. #, Etc.:

City: Winter Park | State: FL | Zip Code: 32789-3675

236.25 - ADM
61.25 - AR
8.75 - Cert

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 6/17/2002
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	OGLESBY, JAMES E MD	201 HILDA STREET, S-10	KISSIMMEE, FL 34741
VD	HOQUE, ANWARE MD	201 HILDA STREET, S-15	KISSIMMEE, FL 34741
STD	BRADLEY, KENNETH	200 NORTH LAKEMONT AVENUE	WINTER PARK, FL 32792
AS	DE PRADA, ARIEL	111 N ORLANDO AVENUE	WINTER PARK, FL 32789

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: _____ Ariel De Prada, Asst. Sec. 6/17/2002 (407) 975-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #