PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 24 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14192

1 Corporation Name
THE PORT CHARLOTTE MEDICAL PAVILION OWNER'S ASSOCIATION
W98-14509

900002578039--7
-07/01/98--01086--018
****918.75 ****918.75

Principal Place of Business / Mailing Address
2525 HARBOR BOULEVARD
PORT CHARLOTTE FL 33952

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip / Country CHARLOTTE

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 04-04-86

5. FEI Number 65-0106397 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D- PRES.	JOE BUTLER JR., M.D.	2525 HARBOR BLVD SUITE 309	PORT CHARLOTTE FL 33952
D- SEC	DAVID BALLESTAS, M.D.	2525 HARBOR BLVD SUITE 101	PORT CHARLOTTE FL 33952
D- VICE PRES	DEV NARAYAN, M.D.	2525 HARBOR BLVD SUITE 203	PORT CHARLOTTE FL 33952
		REINSTATEMENT	87-98
			42 6-25-98

8. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City / State FL / Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Gail Shelby, as agent — Date 6-24-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intang ble tax.)

12. I certify that I am an officer or director of the reorver 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 617.0301, 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: David S Ballestas MD - 06- -98 941-629-7593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID BALLESTAS, M.D., SECRETARY