PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 12 AM 10: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39154

02-04

CR2E081 (12/05)

1. Corporation Name
Central Florida Medical Malpractice Claims Council, Inc.

2. Principal Office Address	**3.** Mailing Office Address
390 N Orange Ave	390 N. Orange Ave.
Suite, Apt. #, etc.: 1900	Suite, Apt. #, etc.: 1900
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32801 Country: Orange	Zip: 32801 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: June 22, 1990

5. FEI Number: 593021009 ☐ 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: Joseph P. Merello

Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Ave

300079939983
09/19/06--01012--023 **490.00

Suite, Apt. #, Etc.: 1000

City: Orlando State: FL Zip Code: 32801

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: 8/28/06
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
D	Joseph P. Merello	390 N. Orange Ave. #1000	Orlando / Florida / 32801

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: _____ 8/28/06 407-843-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #