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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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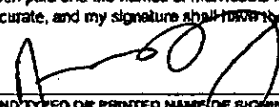
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

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10/25/02--01011--009 **750.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P0000000 6736			
1. Corporation Name ABRAHAM L. WOODS, III, M.D., P.A.			
2. Principal Office Address 106 Boston Avenue		3. Mailing Office Address 106 Boston Avenue	
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL	
Zip 32701	Country USA	Zip 32701	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 01/21/2000		5. FEI Number 522218215	
		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 W & P Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 1936 Lee Road			
Suite, Apt. #, Etc. Suite 101			
City Winter Park		State FL	Zip Code 32789-7201
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  Gregory J. Lewis, V.P. Date 10/17/02 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Abraham L. Woods, III	106 Boston Avenue, Suite 103	Altamonte Springs, FL 32701
10. I certify that I am an officer or director of 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:  10/17/02 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E031 (9/01)