CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 AUG -2 AM 11: 29

DOCUMENT # P 00000016949

1. Corporation Name

Research Physicians, P.A.

500183901335
08/02/10--01051--010 **900.00

REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4895 Regency Ct.	4895 Regency Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33434 Country USA	Zip 33434 Country USA

4. Date Incorporated or Qualified To Do Business In Florida   2/14/2000

5. FEI Number   650999048   ☐ 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   Peter Holland

Street Address (P.O. Box Number is Not Acceptable)   4895 Regency Ct.

Suite, Apt. #, Etc.

City Boca Raton   State FL   Zip Code 33434

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 7/29/10

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
P/T/S	Donna Holland	4895 Regency Ct.	Boca Raton, FL 33434

10. E-mail Address: hollandpeter@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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: Donna Holland   Donna Holland   7/29/10   561-702-0486

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

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