Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000038861 3)))

H10000038861 3ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384 245-6017

From:

Account Name : CORPORATE ACCESS, INC.
Account Number : FCA000000011
Phone : (850)222-2666
Fax Number : (850)222-1666

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

FIRST COAST PODIATRY, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$2,100.00~~

1,500.00

Please Waive Reinstatement fee

Electronic Filing Menu Corporate Filing Menu Help

H10000038861 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 FEB 19 P 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019528

1. Corporation Name

First Coast Podiatry, P.A.

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
800 Lomax St.	PO Box 2588
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 116	
City & State	City & State
Jacksonville, FL	Jacksonville, FL
Zip / Country	Zip / Country
32204 / USA	32203 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 02-24-2000

5. FEI Number: 59-3632434 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Brad McMillan

Street Address (P.O. Box Number is Not Acceptable): 3816 Via De La Reina

Suite, Apt. #, Etc:

City: Jacksonville | State: FL | Zip Code: 32217

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Brad McMillan — REGISTERED AGENT MUST SIGN — Date: 02-18-2010

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
Pres	Jaynell M Smith-Cameron D.P.M.	3141 Dellwood Ave	Jacksonville FL 32205
V Pres	Vince Cameron	2589 College St	Jacksonville FL 32204
Sec	Jaynell M Smith-Cameron D.P.M.	3141 Dellwood Ave	Jacksonville FL 32205
Tres	Vince Cameron	2589 College St	Jacksonville FL 32204

REINSTATEMENT
2001-2010

10. E-mail Address: Ladyjmd63@aol.com Additional EMail: BMoM2000@aol.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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: [signature] Jaynell M Smith-Cameron D.P.M. 02-18-2010 904-294-1192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H10000038861 3