

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 19 PM 2:12

DOCUMENT # P00000059468

1. Corporation Name

Cary L. Stowe, M.D., P.A.

2. Principal Office Address

1180 Park Ave.

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

1180 Park Ave.

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/14/2000

5. FEI Number

59-3653762

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

Cary L. Stowe, M.D.

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

1180 Park Ave.

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

Cary L. Stowe
REGISTERED AGENT MUST SIGN

Date 12/15/2003

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
DPTS	Cary L. Stowe, M.D.	1180 Park Ave.	Winter Park, FL 32789

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 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:

Cary L. Stowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2003
Date

407-896-7111
Daytime Phone #

CR2E081 (10/02)

CARY L. STOWE, M.D., P.A.

Unanimous Joint Consent of Sole Shareholder and Sole Director

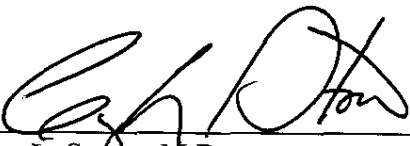
Pursuant to Sections 607.0821 and 607.0704 of the Florida Statutes, the undersigned, constituting the sole shareholder and director of **CARY L. STOWE, M.D., P.A.**, a Florida corporation (the "Corporation"), does hereby consent to the following actions in lieu of meeting and does hereby adopt the following resolutions by his written consent:

RESOLVED, that Cary L. Stowe, M.D. is hereby elected as the sole director of the Corporation to serve until the next annual meeting of shareholders and until his successor is qualified or until his earlier death, resignation or removal.

FURTHER RESOLVED, that Cary L. Stowe, M.D. is hereby elected to the offices of President, Treasurer and Secretary, to serve until the directors' next meeting following the annual meeting of the shareholders of the Corporation and until the election and qualification of a successor in such offices.

FURTHER RESOLVED, that all actions taken by the respective officers and directors of the Corporation in their official capacities during the period from March 20, 2002, through the date hereof be and they hereby are ratified, approved and confirmed.

IN WITNESS WHEREOF, the undersigned has executed this instrument this 15th day of December, 2003.



Cary L. Stowe, M.D.