PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 23 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067224

1. Corporation Name
Donna F. Davies, Psy.D., P.A.

~~V06-26362~~

2. Principal Office Address	3. Mailing Office Address
2650 W. State Road - 84	Same
Suite Apt. #, etc.: Suite 103	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State
Zip: 33312 / Country	Zip / Country

REINSTATEMENT 01-06

4. Date Incorporated or Qualified To Do Business in Florida: 07-13-2000

5. FEI Number: 65-1034387 — 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: Donna F. Davies

Street Address (P.O. Box Number is Not Acceptable): 2650 W. State Road - 84

800067672178
06/28/06--01005--008 **150.75

Suite, Apt. #, Etc.: Suite 103

City: Fort Lauderdale, State: FL Zip Code: 33312

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: Donna F. Davies Date: 05/30/2006
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
Pres/ Owner	Donna F. Davies	2650 W. State Road-84, Ste103	Ft. Lauderdale, FL 33312
Acct	Hugh Moore	320 S. Flamingo, Ste 310	Pembroke Pines, FL 33027
Secre	Mabel Walker	1251 SW 6th Terrace	Deerfield Beach, FL 33441
Consul	Ricky Pierson	3855 Commerce Parkway	Miramar, FL 33025

6/22

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: Donna F. Davies, Psy.D. Donna F. Davies Psy.D. 05/30/2006 (954) 581-7348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #