PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -9 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067454

1. Corporation Name

MCK OF SARASOTA,CORP.

REINSTATEMENT 01-04

2. Principal Office Address	**3.** Mailing Office Address
2746 HIBISCUS STREET	46 N. WASHINGTON BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 1
City & State	City & State
SARASOTA, FL	SARASOTA, FL
Zip / Country	Zip / Country
34239	34239

4. Date Incorporated or Qualified To Do Business in Florida 07/14/00

5. FEI Number 65-1043785 ☐ 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
LPS CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
46 N. WASHINGTON BLVD., #1

000003006699U
03/09/04--01038--025 **120.00

Suite, Apt. #, Etc.
#1

City: SARASOTA | State: FL | Zip Code: 34236

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 E. Zachary Rans Date 2/26/04

REGISTERED AGENT MUST SIGN
E. ZACHARY RANS, Vice President

CR2E081 (10/02)

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
D,P, S,T	MICHAEL von GUTTENBURG	2746 HIBISCUS STREET	SARASOTA, FL 34239

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: Michael von G 2/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL von GUTTENBURG, President

Date (941) 365-6686 Daytime Phone #