PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P0100005749 |
|------------|-------------|
|------------|-------------|

1. Corporation Name

FREDDIE L. MCRAE, M.D., P.A.

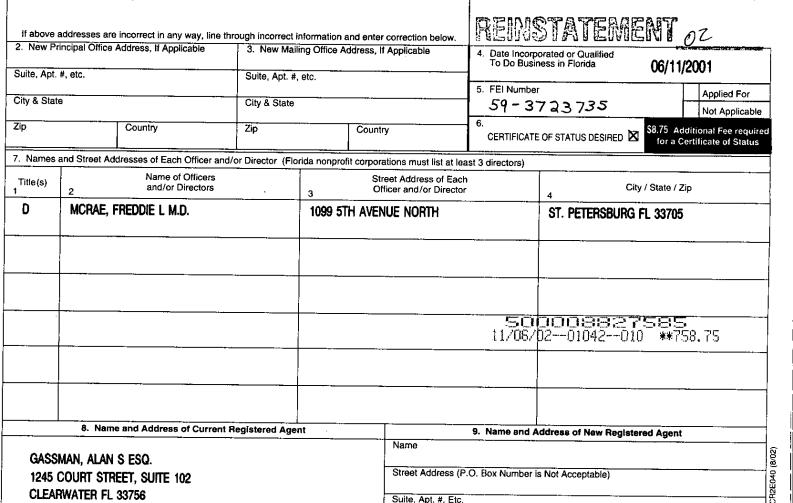
Principal Place of Business

Mailing Address

1099 5TH AVENUE NORTH ST. PETERSBURG FL 33705 1099 5TH AVENUE NORTH ST. PETERSBURG FL 33705 ĖÏĖD

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agen

CLEARWATER FL 33756

REGISTERED AGENT MUST SIGN

Date 10-31-02

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 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

Suite, Apt. #, Etc.

City

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

10-31-02 7278207756

State

Zip Code