
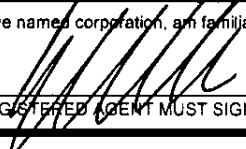
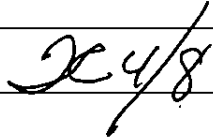
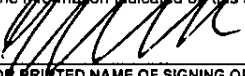


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: space-between;"><div><b>CORPORATION REINSTATEMENT</b></div><div></div><div>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<b>FILED</b>  10 APR -6 AM 11:27  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> PD1000064411			
1. Corporation Name <b>CARDIAC + VASCULAR SURGERY SPECIALISTS PA</b> <div style="text-align: right;">W1-15166</div>			
2. Principal Office Address - No P.O. Box # <b>1121 NW 64th Terr.</b> Suite, Apt. #, etc. <b>Ste A</b> City & State <b>GAINESVILLE, FL</b> Zip <b>32605</b> Country <b>USA</b>		3. Mailing Office Address <b>SAME</b> Suite, Apt. #, etc.  City & State  Zip  Country	
7. Name and Address of Current Registered Agent Name <b>ELMER E. CROUSHORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1121 NW 64th Terr.</b> Suite, Apt. #, Etc. <b>Ste A</b> City <b>Gainesville</b> State <b>FL</b> Zip Code <b>32605</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>6/25/2004</b> 5. FEI Number <b>59-3728483</b> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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  Date <b>3/24/10</b> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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
P	ELMER CROUSHORE	1121 NW 64th Terr Ste A	GAINESVILLE, FL 32605
T	ALEXANDER J. RIM	1121 NW 64th Terr Ste A	GAINESVILLE FL 32605
			
10. E-mail Address: <b>eaporter@vss.cfcozmail.com</b> <small>(To be used for future annual report notification)</small>			
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. 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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div>Elmer E. Croushore</div><div>Date <b>3/24/10</b></div><div>Daytime Phone #</div></div>			