PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 18 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000077295

1. Corporation Name

RICHARD A. PROCTOR, D.O., PHARM.D., P.A.

Principal Place of Business	Mailing Address
410 43RD STREET, SUITE I BRADENTON FL 34209	410 43RD STREET, SUITE I BRADENTON FL 34209

900008786879
11/04/02--01077--012 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	P.O. BOX 14224 Suite, Apt. #, etc.
City & State	BRADENTON FL
Zip / Country	34280-4224 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/02/2001

5. FEI Number: 65-1127156 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PROCTOR, RICHARD A	410 43RD STREET, SUITE I	BRADENTON FL 34209

12/18

8. Name and Address of Current Registered Agent

ALLEN, R. KEITH
4675 PONCE DE LEON BLVD., SUITE 302
CORAL GALBES FL 33146

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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 Agent: SIGNATURE REQUIRED R. Keith Allen — Date: 10-21-02

REGISTERED AGENT MUST SIGN

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.

SIGNATURE: SIGNATURE REQUIRED Richard Proctor, D.O. — 10-21-02 — 941-708-4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard A. Proctor, D.O., Pharm.D., P.A.

Family Practice ~ Urgent Care ~ Musculoskeletal Medicine

410 43rd Street West, Suite I
Bradenton, Fl 34209

(941) 708-4010 Office
(941) 708-6650 Fax

December 16, 2002

Mr. Sean Toner,
Senior Section Administrator
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Application For Reinstatement

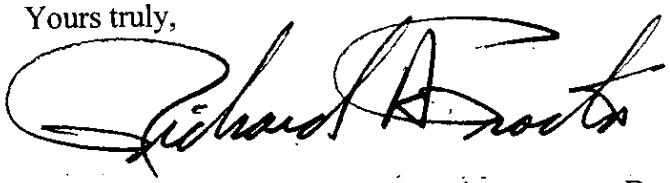
Dear Mr. Toner,

Thank you for your assistance this morning regarding our telephone conversation pertaining to my corporate reinstatement. It was your belief that the letter which accompanied my original Application For Reinstatement was separated from the actual Application. Per your request, I am returning the Application to you for reinstatement.

As we discussed, I discovered some improprieties in my medical office and had to fire my office staff. It is my belief that my office stay discarded or destroyed your department's original communication to me. To prevent that from occurring in the future, my Application For Reinstatement includes my request that any future mailings from your office be directed to my post office box.

You mentioned that your records show that your department received and deposited the check I mailed to you in the amount of one hundred fifty dollars. I would greatly appreciate your reinstatement of my incorporation as we discussed. Thanking you for your help, I am

Yours truly,



Enclosed: Application For Reinstatement, Document #P01000077295
Copy, your letter dated November 8, 2002