PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 UB2

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

FILED
02 NOV 25 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090513

1. Corporation Name

GENEVIEVE M. HEALY, P.A.

Principal Place of Business	Mailing Address
3427 BOCA CIEGA DRIVE NAPLES FL 34112	3427 BOCA CIEGA DRIVE NAPLES FL 34112

000009201160
11/25/02--01052--010 **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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/13/2001

5. FEI Number: 65-1152669 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	HEALY, GENEVIEVE M	3427 BOCA CIEGA DRIVE	NAPLES FL 34112
VS	HEALY, MICHAEL D	3427 BOCA CIEGA DRIVE	NAPLES FL 34112

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HEALY, GENEVIEVE M 3427 BOCA CIEGA DRIVE NAPLES FL 34112	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 Michael D Healy — Date: 11-19-02
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: MICHAEL D. HEALY V.P. S. SIGNATURE REQUIRED Michael D Healy — 11-19-02 — 239.732.5230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Genevieve M. Healy PA

Jen Healy
3427 Boca Ciega Drive
Naples, Florida 34112
Tel. 941-732-5230
Fax 941-732-9530

TO: Florida Department of State

FROM: Don Healy

DATE: 11/22/2002

RE: Corporation Filing

The Corporation did not receive a filing notification nor the second notice informing us that we would be dissolved/revoked on September 13 if the report was not filed. We are a new Corporation and that very well may have caused our not receiving the notification. I sincerely hope this application will be accepted.

Tank you in advance for your consideration.

Michael D Healy

Michael D. Healy V.P.