PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 FEB 29 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100119102791
02/29/08--01007--020 **450.00

DOCUMENT # P01000103137

1. Corporation Name

The Henslee Group, Incorporated

REINSTATEMENT 06-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
4604 Opa Locka Lane		108 Sawgrass Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Destin, Florida		Dothan, Alabama	
Zip	Country	Zip	Country
32541	U.S.A.	36303	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: October 24, 2001

5. FEI Number: 59 3752316 ☐ 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: David Pleat, Pleat & Perry, P.A.

Street Address (P.O. Box Number is Not Acceptable): 4477 Legendary Drive

Suite, Apt. #, Etc.: Suite 202

City: Destin | State: FL | Zip Code: 32541

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: David Pleat Date: 2/22/08

REGISTERED AGENT MUST SIGN

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
Pres.	Mark A. Henslee	108 Sawgrass Drive	Dothan, AL 36303
CFO	Maureen H. Henslee	108 Sawgrass Drive	Dothan, AL 36303
Dir	Sharon M. Moody, Ph.D.	4221 Kingsley Street	Clermont, FL 34711
Dir	Aaron L Phillips, Ph.D.	4221 Kingsley Street	Clermont, FL 34711

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 contained in Chapter 119, 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: Mark A. Henslee 17 Feb 2008 334-897-0100

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

JC 3/6