PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 25 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000106696

REINSTATEMENT 03-07

300030947183
03/23/04--01106--007 **300.00

1. Corporation Name
Professional Boundaries, Inc.

2. Principal Office Address	3. Mailing Office Address
345 Skyler Run	345 Skyler Run
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin FL	City & State: Destin FL
Zip: 32541 Country: USA	Zip: 32541 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/2001

5. FEI Number: 02-0589175 ☐ 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: Stephen J. Schenthal
Street Address (P.O. Box Number is Not Acceptable): 345 Skyler Run
Suite, Apt. #, Etc.:
City: Destin State: FL Zip Code: 32541

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: Stephen J. Schenthal — REGISTERED AGENT MUST SIGN
Date: March 19, 2004

CR2E081 (10/02)

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.	Stephen J. Schenthal MD	345 Skyler Run	Destin FL 32541
Sec.	Stephen J. Schenthal, M.D.	345 Skyler Run	Destin FL 32541
Trees.	Stephen J. Schenthal, MD.	345 Skyler Run	Destin FL 32541

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 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: Stephen J. Schenthal STEPHEN J. SCHENTHAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/19/2004
Daytime Phone #: 850-654-6939

Professional Boundaries, Inc.

345 Skyler Run
Destin, Florida 32541
Tel: 850-654-6939 Fax: 850-654-4119
www.ProfessionalBoundaries.com

March 19, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: Document #P01000106696

To Whom It May Concern:

Attached is the corporation reinstatement form.

I am requesting a waiver of the reinstatement fee.
I did not obtain my 2003 filing notice prior to September 2003 due to relationship issues in my marriage. A divorce is pending.

Enclosed is a check in the amount of $300.00.
Would you please extend a waiver and reinstate the corporation.

Yours truly,

Stephen J. Schenthal, M.D.
President