PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL -9 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119693

1. Corporation Name
John D Nora MD PA

000132591140
07/09/08--01031--012 **750.00

REINSTATEMENT 04-08

2. Principal Office Address - No P O Box #	3. Mailing Office Address
4427 Oak View Dr E	same
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Sarasota FL	City & State
Zip: 34232 Country: Sarasota FL	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/18/2001

5. FEI Number: 01-0558537 ☐ 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: John D Nora
Street Address (P O Box Number is Not Acceptable): 4427 Oak View Dr E
Suite, Apt. #, Etc.
City: Sarasota State: FL Zip Code: 34232

☑ 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: John D. Nora Date: 7/1/08
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
P	John D Nora	4427 Oak View Dr E	Sarasota FL 34232

10. I certify that I am an officer or director of the entity or have been empowered to execute this application as provided for in Chapter 607 or 617, F.S.; further certify that when filing this reinstatement application, the reason for revocation has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S.; that all fees owed by this 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: John D. Nora JOHN D. NORA 7/1/08 941-917-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #