

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 10 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

DOCUMENT # P02000000301

1. Corporation Name
PEBBLE CREEK PEDIATRICS INC

2. Principal Office Address 8907 REGENTS PARK DRIVE		3. Mailing Office Address 8907 REGENTS PARK DRIVE	
Suite, Apt. #, etc. SUITE 330		Suite, Apt. #, etc. SUITE 330	
City & State TAMPA FLORIDA		City & State TAMPA FLORIDA	
Zip 33647	Country HILLSBOROUGH	Zip 33647	Country HILLSBOROUGH

800028383428
02/09/04--01006--020 ***908.75

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 01/02/2002

5. FEI Number 01-0554675	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RAAFAT HAMZEH

Street Address (P.O. Box Number is Not Acceptable)
8907 REGENTS PARK DRIVE

Suite, Apt. #, Etc.
SUITE 330

City
TAMPA

State
FL

Zip Code
33647

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 _____ Date _____

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/S	RAAFAT HAMZEH	8907 REGENTS PARK DRIVE #330	TAMPA, FL 33647
	N/A		

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)(j), 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: *Handwritten Signature* RAAFAT HAMZEH, President Date: 02/05/2004 Daytime Phone #: 813-300-4129

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

CR2E081 (01/04)