


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

08 SEP 19 AM 10:32

TALLAHASSEE, FLORIDA

DOCUMENT # P02000008845

1. Corporation Name

MELCHOR M. CARBONELL, MD, PA

900136147499
09/19/08--01035--003 **300.00**REINSTATEMENT** 07-08
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 7450 103RD ST Suite, Apt. #, etc.		3. Mailing Office Address 7450 103RD ST Suite, Apt. #, etc.	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32210	Country US	Zip 32210	Country US

4. Date Incorporated or Qualified
To Do Business in Florida5. FEI Number
80-0032947Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name CATHY CARBONELL		
Street Address (P.O. Box Number is Not Acceptable) 7450 103RD ST		
Suite, Apt. #, Etc.		
City JACKSONVILLE	State FL	Zip Code 32210

☒ 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.

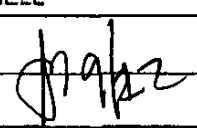
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent


 REGISTERED AGENT MUST SIGN

Date 9/17/08

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
PD	MELCHOR M CARBONELL	7450 103RD ST	JACKSONVILLE FL 32210
D	REYNALDA C CARBONELL	7450 103RD ST	JACKSONVILLE FL 32210
TD	STEPHEN C CARBONELL	7450 103RD ST	JACKSONVILLE FL 32210
SD	CATHY C CARBONELL	7824 MARSALA CT	JACKSONVILLE FL 32244
D	CAROLINE C BAI 	7824 MARSALA CT	JACKSONVILLE FL 32244

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: MELCHOR CARBONELL, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-08 (904) 778-3385

Date Daytime Phone #