PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 28 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000009477

1. Corporation Name
Palm Beach Pain Institute, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
9892 Palma Vista Way	9892 Palma Vista Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33428 Country: USA	Zip: 33428 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/28/02

5. FEI Number: 020539371 ☐ 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: Marcie Merson

800027113098
01/16/04 01063 002 **750.00

Street Address (P.O. Box Number is Not Acceptable): 9892 Palma Vista Way

Suite, Apt. #, Etc.:

800027113098
12/28/04--01059--002 **150.00

City: Boca Raton State: FL Zip Code: 33428

CR2E081 (10/02)

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: Marcie Merson Date: 12/30/03
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	Marcie Merson	9892 Palma Vista Way	Boca Raton FL 33428

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: Marcie Merson 12/30/03 561-487-3855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #