PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 22 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000056510

1. Corporation Name: Jeffrey S. Gottfried, D.O., P.A.

REINSTATEMENT 04-06

2. Principal Office Address	3. Mailing Office Address
900 Virginia Avenue	900 Virginia Avenue
Suite. Apt. #, etc.: Suite 10	Suite. Apt. #, etc.: Suite 10
City & State: Fort Pierce, FL	City & State: Fort Pierce, FL
Zip: 34982 Country: US	Zip: 34982 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 5/22/2003

5. FEI Number: 14-4886582 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: X

7. Name and Address of Current Registered Agent

Name: Kendall J. Phillips, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 239 South Indian River Drive
Suite, Apt. #, Etc.:
City: Fort Pierce, State: FL, Zip Code: 34950

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of Registered Agent: Kendall J. Phillips Date: 5/16/06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRST	Jeffrey S. Gottfried	1908 SW. Wabeek Pl.	Palm City, FL. 34990

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 the forms do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and complete and my signature shall have the same legal effect as if made under oath.

SIGNATURE: 5-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT, OFFICER OR DIRECTOR — Date — Daytime Phone #

300077135373
07/07/06--01021--001 **1058.75

$1,050.00
Certif. $8.75

K. Eckel JUN 29 2006