


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> 06 JAN 18 AM 11:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
<b>DOCUMENT #</b> P03000072745 <b>1. Corporation Name</b> Long Tran, MD, PA																													
<b>2. Principal Office Address</b> 1458 Artimo Lane Suite, Apt. #, etc. City & State Boynton Beach, FL Zip 33436		<b>3. Mailing Office Address</b> same Suite, Apt. #, etc. City & State City & State Zip Country USA		<b>REINSTATEMENT</b> 04-06 CR2E081 (12/05)																									
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 07/01/2003		<b>5. FEI Number</b> 11-3696277 Applied For Not Applicable																									
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		58.75 Additional Fee required for a Certificate of Status																									
<b>7. Name and Address of Current Registered Agent</b> Name Long Tran, MD Street Address (R.O. Box Number is Not Acceptable) 1458 Artimo Lane Suite, Apt. #, Etc. City Boynton Beach State FL Zip Code 33436																													
<b>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.</b> Signature of Registered Agent <u>Long Tran</u> Date <u>01/11/06</u> REGISTERED AGENT MUST SIGN																													
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/D</td> <td>LONG TRAN</td> <td>1458 ARTIMINO LANE</td> <td>BOYNTON BEACH, FL 33436</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/D	LONG TRAN	1458 ARTIMINO LANE	BOYNTON BEACH, FL 33436																
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<b>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.</b> <b>SIGNATURE:</b> <u>Long Tran</u> LONG TRAN Date <u>01/11/06</u> 561-271-5467 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																													

Long Tran, MD PA  
1458 Artimino Lane  
Boynton Beach, FL 33436

1/11/06

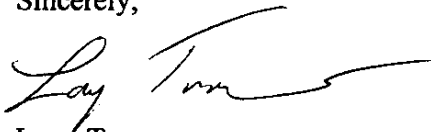
Administrator  
Department of State  
Division of corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Administrator:

I am submitting this letter to request that the reinstatement fee be waived because the corporation did not receive the annual report notices in the year of dissolution/revocation.

Thank you very much.

Sincerely,



Long Tran.