PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 JUN -7 PM 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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06/15/07--01032--007 **1200.00

REINSTATEMENT
04-07

DOCUMENT # P03000142605

1. Corporation Name
FAMILY PRACTICE CENTER OF PALM BEACHES INC

2. Principal Office Address	3. Mailing Office Address
4645 GUN CLUB RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach	City & State
Zip: 33415 Country: Palm Beach	Zip Country

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

5. FEI Number: 20 3989838 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 (Additional Fee required for Certified Copy of Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Thomas Gordon Esq
Street Address (P.O. Box Number is Not Acceptable): 75 NW 1st Avenue
Suite, Apt. #, Etc.: #101
City: Delray Beach State: FL Zip Code: 33444

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: [signature] REGISTERED AGENT MUST SIGN Date: 6/6/07

CR2E081 (6/05)

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,T	Nathaniel Levine	321 Jacaranda Drive	Plantation FL 33324

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: [signature] Nathaniel Levine 6/6/07 954-357-9822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #