

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 NOV 30 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000146113

1. Corporation Name

Arnaud Blanchard M.D. P.A.

2. Principal Office Address - No P.O. Box #

350 NW 84th Ave

Suite, Apt. #, etc.

Suite 211

City & State

Plantation, FL

Zip

33324

Country

U.S.A

3. Mailing Office Address

S/A

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2003

5. FEI Number

161688748

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

Arnaud Blanchard P.A.

Street Address (P.O. Box Number is Not Acceptable)

350 NW 84th Ave

Suite, Apt. #, Etc.

Suite 211

City

Plantation

State

FL

Zip Code

33324

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

Date 11-08-07

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
AST	Blanchard, Arnaud	350 NW 84TH AVENUE	PLANTATION, FL, 33324

500112716115
11/30/07--01007--023 **900.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-08-07 954

Daytime Phone #

723-9090

11/30/07