PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 21 PM 4:31

DOCUMENT # P07000056875

1. Corporation Name

HERMANDA GLASER, M.D., PA

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1017-1019 Professional Park Dr.	1017-1019 Professional Park Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon, FL	City & State: Brandon, FL
Zip: 33511 Country: USA	Zip: 33511 Country: USA

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida: 5/10/07

5. FEI Number: 26-0176781 ☐ 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: Hermanda Glaser

Street Address (P.O. Box Number is Not Acceptable): 1017-1019 Professional Park Dr.

Suite, Apt. #, Etc.

City: Brandon | State: FL | Zip Code: 33511

☑ 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 617.0505, F.S.

Signature of Registered Agent: _____ Date: 10/16/09

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.	Hermanda Glaser	1017-1019 Professional Park Dr.	Brandon, FL 33511

100161995347
10/21/09--01040--011 **300.00

REINSTATEMENT 08-09 B 10/21/09

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: _____ Hermanda Glaser 10/16/09 312-343-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3168334.1