H15000081584

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10000051993

1. Corporation Name

MEDICAL HORIZON, PA

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6701 HOULTON CIRCLE	6701 HOULTON CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 33467 Country:	Zip: 33467 Country:

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 06/21/2010

5. Fei Number: 27-2892567 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: ZIAD M. ALSOKARY
Street Address (P.O. Box Number is Not Acceptable): 6701 HOULTON CIRCLE
Suite, Apt. #, etc.
City: LAKE WORTH State: FL Zip Code: 33467

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 03-27-2015

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
DPS	ZIAD M. ALSOKARY	6701 HOULTON CIRCLE	LAKE WORTH, FL 33467

REINSTATEMENT

10. E-mail Address: MMM@TRIPPSCOTT.COM
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-27-2015 (915)8606610
Date / Daytime Phone #

APR 01 2015 H15000081584

R. HUNT

CONSENT TO USE OF NAME

I, Ziad M. Alsokary, as President of MH II, PA, formerly known as Medical Horizon, PA, consent to allow the name MEDICAL HORIZON to be used by MEDICAL HORIZON, PA., for use as a domestic corporation in Florida.

Dated: March 31, 2015

By: _____
Name: Ziad M. Alsokary
Title: President

In the presence of:

_____
Printed Name:

_____
Printed Name:

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000081584 3)))

H15000081584ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: **mmm@trippscott.com**

CORPORATION REINSTATEMENT
MEDICAL HORIZON, PA.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

RECEIVED
15 APR -1 PM 4:53
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

APR 01 2015
R. HUNT