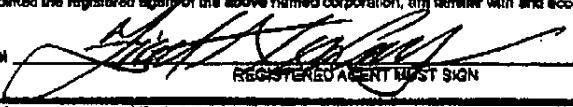
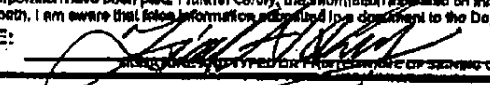


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 # 6701 HOULTON CIRCLE Suite, Apt. #, etc. City & State LAKE WORTH, FL Zip 33467		3. Mailing Office Address 6701 HOULTON CIRCLE Suite, Apt. #, etc. City & State LAKE WORTH, FL Zip 33467																									
4. Date Incorporated or Qualified To Do Business in Florida 06/24/2010 5. Fed Number 27-2892567 6. CERTIFICATE OF STATUS DESIRED		Applied For Not Applicable																									
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 807.0606 or 817.0603, F.S. Signature of Registered Agent  Date 03-27-2015 REGISTERED AGENT MUST SIGN																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Title</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>DPS</td> <td>ZIAD M. ALSOKARY</td> <td>6701 HOULTON CIRCLE</td> <td>LAKE WORTH, FL 33467</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>				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																
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DPS	ZIAD M. ALSOKARY	6701 HOULTON CIRCLE	LAKE WORTH, FL 33467																								
10. E-mail Address: MM@TRIPPSCOTT.COM (To be used for future annual report notifications)																											
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 807 or 817, 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 807.0401 or 817.0401, 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.817.135, F.S. SIGNATURE:  3-27-2015 1915/6666610 (Typed Name of Officer or Director)																											

APR 01 2015 0000081584

R. HUNT

H15000081584

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 27, 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.

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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
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