CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC 15 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P11000063022

1. Corporation Name

James Cunningham DO Corp

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3707 Burnt Pine Dr	3707 Burnt Pine Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City / State	City / State
Jacksonville, FL	Jacksonville, FL
Zip / Country	Zip / Country
32224 / USA	32225 / USA

4. Date Incorporated or Qualified To Do Business in Florida
7/11/2011

5. FEI Number
45-2711905
☐ 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
James Cunningham

Street Address (P.O. Box Number is Not Acceptable)
3707 Burnt Pine Dr

Suite, Apt. #, etc.

City / State / Zip Code
Jacksonville FL 32224

700280545947
01/04/16--01008--017 **750.00

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 DV
REGISTERED AGENT MUST SIGN

Date 12/29/15

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	James Cunningham	3707 Burnt Pine Dr	Jacksonville, FL 32224
			S. HAWKES
	REINSTATEMENT		JAN 5 A.M.
			EXAMINER

10. E-mail Address: ponton65@aol.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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: DV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/15
Date

407-443-2535
Daytime Phone #