PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. MENT OF STATE FILED 01 JUL -9 AM 10: 34 SECRETARY OF STATE TALEAHASSEE, FLORIDA **DOCUMENT#** THOMAS D. HARRIS, M. D. P. A 500004480695-2. Principal Office Address 3. Mailing Office Address -07/17/01--01003--020 ****308.75 ****308.75 5900 TURKEY LAKE RD Same Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE A 4. Date Incorporated or Qualified SUITE A To Do Business in Florida City & State City & State -ORLANDO-, FL ORLANDO Not Applicable USA USA 7. Name and Address of Current Registered Agent IMELDA E. HARRIS Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. WINDERMERE 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Titles Officers and/or Directors City / State / Zip PRESDENT BUTLER RD \mathbb{S}_{-1} 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 under section 119.07(3)(i), 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