

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 17 AM 9:08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P94000047348*

1. Corporation Name

Malcolm Anthony, P.A.

2. Principal Office Address

Four Sawgrass Village

Suite, Apt. #, etc.

Suite 230

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

3. Mailing Office Address

- Same -

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 001

4. Date Incorporated or Qualified
To Do Business in Florida

June 20, 1994

5. FEI Number

59-3253629

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

Malcolm Anthony

Street Address (P.O. Box Number is Not Acceptable)

Four Sawgrass Village

Suite, Apt. #, Etc.

Suite 230

City

Ponte Vedra Beach

State

FL

Zip Code

32082

000004610670-4

-09/25/01--01082--013

***900.00 ***900.00

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

Malcolm Anthony

REGISTERED AGENT MUST SIGN

Date

Sept. 13, 2001

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
<i>PRSTD</i>	<i>Malcolm Anthony</i>	<i>Four Sawgrass Village, Suite 230</i>	<i>Ponte Vedra Beach FL 32082</i>

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:

Malcolm Anthony

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-01

Date

904-285-4529

Daytime Phone #

CR2E081 (9/00)