PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT# P94000091807 1. Corporation Name JORN F. MASON, M.D., P.A. 3. Mailing Office Address 3.00 Cherry St., \$5 P.O. Box 1250 Suits Age, R. otc. Object, Age, R. otc.	CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			ΤE	05 SEP 30 ANTI: 02				
Solie, Apt. # 5. Solie, Apt. # 5. Solie, Apt. # 5. Solie, Apt. # 6. Panama City, FL Solie, Apt. # 6. Solie, Apt. #		ion Name							Į, į Š š	A CAR		î.
7. Name and Address of Current Registered Agent Name John F. Mason 10/04/05-01071-011 ***105 1,00	300 Cherry St., #5 Suite, Apt. #, etc. #5 City & State Panama City, FL			P.O. Box 1250 Suite, Apt. #, etc. City & State Panama City, FL Zip Country				4. Date Incorporated or Qualified To Do Business in Florida 12/-19/94 5. FEI Number Applied For Not Applicable				
Name John F. Mason Streat Address (P.O. Box Number is Not Acceptable) 300 Cherry St. Sule, Apt. 6, Etc. #5 City Panama City FL Zip Code Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Streat Addresses of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Directors D John F. Mason 300 Cherry St., # 5 Panama City, FL 32401 10. Locally 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 insistatement application, the reason for disoution has been eliminate, the corporate name satisfies the requirements of section 607 (Add or 617, Mod. 1, F.S., that if less over the propriation have been paid and the seen as of and the optical on this application is true and supplication, the reason for disoution has been eliminated and the optical paid and under cath. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: Davine Flores w	3240	1		32402	Вау			CERTIFICATI	E OF STATUS D	ESIRED [_]	for a Certifica	te of Status
Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Director Officers and/or Directors Director Officer and/or Director City / State / Zup Panama City, FL 32401 10.1 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 filling 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 securetae, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: Diverse Phone #	8. I. being	Street Address (P.O. Box Number is Not Acceptable)										
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip D John F. Mason 300 Cherry St., # 5 Panama City, FL 32401 T Sarah Mason 300 Cherry St., # 5 Panama City, FL 32401 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 filling 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: Date Date Daytine Phone #	Signature of Registered Agent Date 9-21-55											
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