PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 FEB -3 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031180

1. Corporation Name
Petersen + Hawthorne, P.A.

2. Principal Office Address	3. Mailing Office Address
1700 E. Las Olas Blvd.	1700 E. Las Olas Blvd.
Suite, Apt. #, etc. 101-B	Suite, Apt. #, etc. 101-B
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33301 Country BROWARD	Zip 33301 Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 1995

5. FEI Number: 65-0574499 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

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-02/22/00--01008--015
****758.75 ****758.75

Name: BYRON G. PETERSEN
Street Address (P.O. Box Number is Not Acceptable): 1700 E. Las Olas Boulevard
Suite, Apt. #, Etc.: # 101-B
City: Fort Lauderdale
State: FL Zip Code: 33301

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: [signature] REGISTERED AGENT MUST SIGN
Byron G. Petersen
Date: 1/20/00

CR2E061 (9/95)

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	BYRON G. PETERSEN	1700 E. Las Olas Blvd. Suite 101-B	Ft Lauderdale FL 33301-6

-02/22/00--01008--016
****141.25 ****141.25

REINSTATEMENT 99-00 TS

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] 1/20/00 (954)832-9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Byron G. Petersen