PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 27 AM 11:10

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05/27/04--01015--002 **1808.75

REINSTATEMENT 97-04

DOCUMENT # P95000051504

1. Corporation Name
DR. DALE WICKSTROM-HILL, P.A.

WINTER HAVEN HOSPITAL
P.O. BOX 9499

2. Principal Office Address	**3.** Mailing Office Address
WINTER HAVEN HOSPITAL	P.O. BOX 9499
Suite, Apt. #, etc.: 200 AVE F, NE	Suite, Apt. #, etc.:
City & State: WINTER HAVEN, FL	City & State: WINTER HAVEN, FL
Zip: 33881 / Country: USA	Zip: 33883 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 6/29/1995

5. FEI Number 593325855 ☐ 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: DR. DALE WICKSTROM-HILL

Street Address (P.O. Box Number is Not Acceptable): 200 AVE F, NE

Suite, Apt. #, Etc.:

City: WINTER HAVEN | State: FL | Zip Code: 33881

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 _____ Date 5/18/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PRES	DR. DALE WICKSTROM-HILL	200 AVE F, NE	WINTER HAVEN, FL 33881

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: _____ 5/18/04 863 324-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #