PLEASE READ ALL INSTRUCTIONS BEFORE COMP

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 01, 2015 08:00 AM
Secretary of State

DOCUMENT # P95000086933

1. Corporation Name

Janet M. Mint, O.D., PA

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4131 Southside Blvd	4131 Southside Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 203	Suite 203
City & State	City & State
Jacksonville, FL	Jacksonville, FL
Zip / Country	Zip / Country
32216 / USA	32216 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 11-13-95

5. FEI Number: 59-3353808 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: yes ($5.00 Additional Fee Required for Certified Copy of Status)

7. Name and Address of Current Registered Agent

Name: Timothy Kelly

Street Address (P.O. Box Number is Not Acceptable): 1016 La Salle Street

Suite, Apt. #, etc.:

City: Jacksonville | State: FL | Zip Code: 32207

600267117746
12/04/14--01024--001 **758.75

600267117746
01/23/15--01021--015 **600.00

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: _____ Date: 12/2/14
REGISTERED AGENT MUST SIGN

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	Janet M. Mint	4131 Southside Blvd., Ste 203	Jacksonville, FL 32216
		S. HAWKES	
	REINSTATEMENT	JAN 29 A.M.	2011-2014
	EXAMINER		$1200.00
			W14-73383

10. E-mail Address: JMint2020@aol.com drjanetmint@gmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Janet M. Mint, OD — 11-19-14 — 904-646-9737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #