MAY. 12. 2004 4:59PM FOLEY LARDNER

H04000103900

FILED
SECRETARY OF STATE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 12 PM 4:35

DOCUMENT # P96000018394

1. Corporation Name
KELLY M. BOSWELL, PH.D., P.A.

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
60 Ocean Blvd	same
Suite/Apt. #, etc. Suite 3	Suite, Apt. #, etc. same
City & State Atlantic Beach,	City & State Florida same
Zip 32233 Country US Duval	Zip same Country US

4. Date Incorporated or Qualified To Do Business in Florida 02/28/1996

5. FEI Number 59-3365690 — 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: Kelly M. Boswell

Street Address (P.O. Box Number is Not Acceptable): 60 Ocean Blvd

Suite, Apt. #, Etc.: Suite 3

City: Atlantic Beach State: FL Zip Code: 32233

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 5/11/04

REGISTERED AGENT MUST SIGN

CR2E061 (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
PSD	KELLY M. BOSWELL	60 Ocean Blvd., Suite 3	Atlantic Beach, FL 32233

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: _____ 5-11-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Fax Audit No **H04000103900**

Florida Department of State
Division of Corporations
Public Access System

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Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

Examiner:
This reinstatement is being filed in connection with a large transaction taking place tomorrow, May 13, 2004.

We would sincerely appreciate anything your office could do to see that the reinstatement and issuance of the certificate of status are processed as soon as possible.

Thank you very much.
Foley & Lardner LLP

042089/0101 Return to Carolyn Sunde

CORPORATION REINSTATEMENT

KELLY M. BOSWELL, PH.D., P.A.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	$1,058.75

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