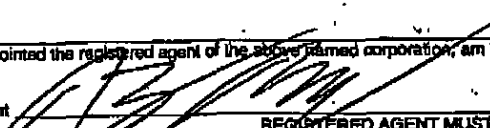
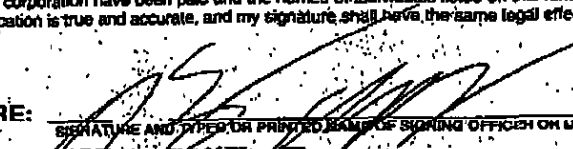


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FAX AUDIT NO. H00000033813 7 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 JUN 29 AM 10:23	
DOCUMENT # P96000038273 1. Corporation Name NAPLES INFECTIOUS DISEASE ASSOCIATES, P.A.					
Principal Place of Business 812 Proclamation Drive Tampa, FL 33613		Mailing Address 812 Proclamation Drive Tampa, FL 33613			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 04/29/1996 5. FEI Number 65-0669629 6. ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/D	Brown, Mark A., Jr.	812 Proclamation Drive	Tampa, FL 33613		
S/T/D	Brown, Juliann	812 Proclamation Drive	Tampa, FL 33613		
8. Name and Address of Current Registered Agent Brown, Juliann 812 Proclamation Drive Tampa, FL 33613			9. Name and Address of New Registered Agent Name Mark A. Brown, Jr. Street Address (P.O. Box Number is Not Acceptable) 812 Proclamation Drive Suite, Apt. #, Etc. City Tampa State FL Zip Code 33613		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S. Signature of Registered Agent  Date 6/27/00 REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 of 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARK A. BROWN, JR.			President Date 6/23/00		