PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

P96000065299 DOCUMENT

1. Corporation Name

ALL FAMILY CLINIC OF DAYTONA BEACH, INC.

Principal Place of Business

Mailing Address

on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

REQU

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

221 OSCEOLA AVENUE DAYTONA BEACH FL 32114

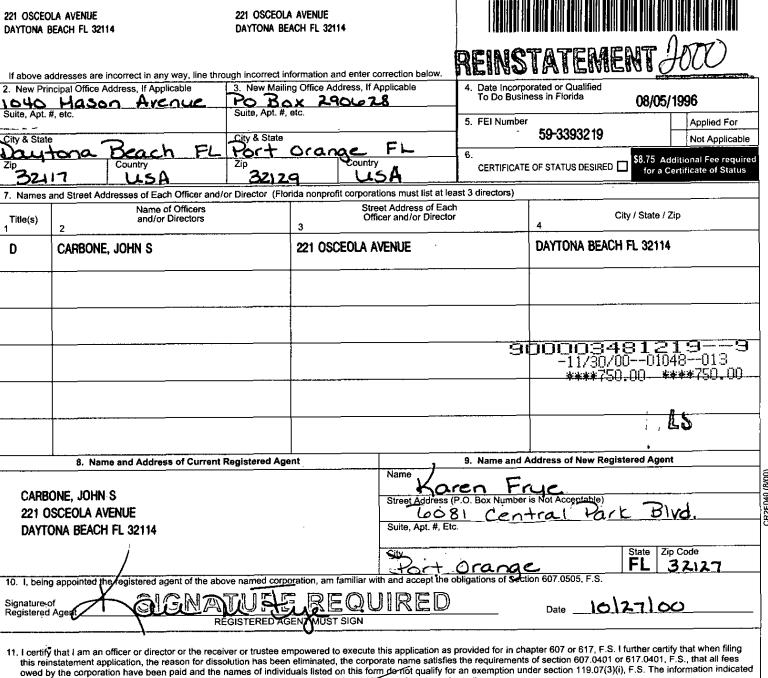
SIGNATURE:

221 OSCEOLA AVENUE DAYTONA BEACH FL 32114

FILED

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SECRETARY OF STATE TAELAHASSEE, FLORIDA



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<u>904 788-8494</u>

Date