PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SO SEP -4 MI 8: 12 960006 706*38* SECRE WAY OF STAIL TALLAHASSEE, FLORIDA ATLANTIC OB/GYN Principal Place of Business Mailing Address P.O.BOX 7716 JUPITER, FL33468 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 5350 10th <u>AVE. N</u> Suite, Apt. #, etc. #8 8/26/96 Suite, Apt #, etc. 5. FELNumber Applied For City & State City & State Not Applicable 65-0693651 LAKE WORTH, \$8.75 Additional Fee required Ζφ Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 33463 PALM BEACH 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip DR.SAMUEL A. SINGH GORDON 5350 10th AVE. N. #8 LAKE WORTH, FL33463 200002636322 <u>09/10/98-**-0**1059</u>--017 REINSTATEMENT 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent . SAMUEL A SINGH GORDON reet Address (P.O. Box Number is Not Acceptable) DR. SAMUEL A. SINGH GORDON 5350 10th AVE. N P.O. BOX 7716 Suite, Apt. #, Etc. JUPITER, FL 33468 State Zin Code LAKE WORTH, FL | 33463 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date 8/07/98\_ REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Yes x on intangible tax.) Intangible Personal Property tax due June 30. 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 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. 8/07/98 (561)964-6927 Davime Phone # SAMUEL A GORDON SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR