PLEASE READ ALL INSTRUCTIONS BEFORE C

FILED 1st

2006 OCT 31 PM 12:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072497

1. Corporation Name

FILIZ A. KING, MD PA

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
14153 YOSEMITE DR	14153 YOSEMITE DR
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc. SUITE 101
City & State HUDSON, FL	City & State HUSDON, FL
Zip 34667 Country PASCO	Zip 34667 Country PASTO

4. Date Incorporated or Qualified To Do Business In Florida 09/01/1997

5. FEI Number 59-3411011 ☐ 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: FILIZ KING

800081402638
10/31/06--01082--015 **300.00

Street Address (P.O. Box Number is Not Acceptable): 14153 YOSEMITE DRIVE

Suite, Apt. #, Etc.: SUITE 101

City: HUDSON State: FL Zip Code: 34667

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 _____ REGISTERED AGENT MUST SIGN Date 10/23/06

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
D	KING, FILIZ	14153 YOSEMITE DR	HUDSON, FL 34667
PST	KING, FILIZ	14153 YOSEMITE DR	HUDSON, FL 34667

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 contained in Chapter 119, 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: _____ 10/23/06 727-863-7766

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

RA Williams OCT 31 2006

10/18/06 2y2

TO:
Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahasee Fl 32314

FROM:
Filiz King M.D., P.A.
14153 Yosemite DR #101
Hudson FL 34667

REF: DOC# P96000072497

TO WHOM IT MAY CONCERN:

IT HAS COME TO MY ATTENTION THAT I HAVE SOMEHOW MISSED PAYMENT FOR MY 2005 CORPORATION RENEWAL, AND THAT THEREFORE I HAVE ALSO MISSED PAYMENT FOR 2006. I DEEPLY REGRET HAVING MISSED THESE PAYMENTS, AS I INTEND TO MAINTAIN MY CORPORATION IN GOOD STANDING WITH THE STATE. I CAN ONLY CONJECTURE THAT SOMEHOW DURING →