## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI	E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		EPART cretary n or co	of S	tate		FILED
DOCUMENT # P96000086939  1. Corporation Name								1007 APR 20 AM 10: 49
Sam D. Toney, M.D. P.A.							TALLAHASSEE, FLORIDA	
	al Office Addre	3. Mailing Office Address 10008 North Dale Mabry				300099223913 04/27/0701002025 **1658.75 cr2E081 (1/07)		
Suite, Apt. #	*, etc.	Suite, Apt. #, etc. Suite 214					orated or Qualified 4.0.100.14.000	
City & State Tam	pa, F	City & State Tampa, Florida				To Do Business in Florida 10/22/1996  5. FEI Number 59-3447103 Applied For Not Applicable		
<sup>Zip</sup> 3361	3618 Ü.S.A		<sup>z</sup> /33618		Coun	Š.A	6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent								
Corie Tregoe						The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
Street Address (P.O. Box Number is Not Acceptable) 10008 North Dale Mabry								
Suite 214								
City Tampa, Florida State FL						<sup>Zip C∞de</sup> 33618	fee be waived.	
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 4//0/07								
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
Р	Sam D. Toney, M.D. 10008 North Dale						Mabry	Tampa, FL 33618
	3						,4/2	5/07
	REINSTATEMENT 01-07							
		<u></u>						
		<del></del>						
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytime Phone #								