

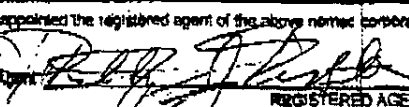
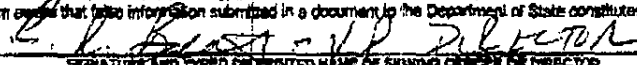
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 SEP 28 PM 1:10

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REINSTATEMENT 09-12

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| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                |  | 400240077144<br>09/26/12 01019021<br>\$1000.00<br>9/20/12                                                                     |  |
| <b>DOCUMENT # P97000040004</b><br>1. Corporation Name<br><b>J.M.B. Speech and Language Pathology Services, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                                       |  | 4. Date incorporated or Qualified To Do Business in Florida: <b>05/01/1997</b>                                                |  |
| 2. Principal Office Address - No P.O. Box #<br><b>3709 W. Hamilton Avenue</b><br>Suite, Apt. #, etc.<br><b>#2</b><br>City & State<br><b>Tampa, Florida</b><br>Zip<br><b>33614</b> Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | 3. Mailing Office Address<br><b>3709 W. Hamilton Avenue</b><br>Suite, Apt. #, etc.<br><b>#2</b><br>City & State<br><b>Tampa, Florida</b><br>Zip<br><b>33614</b> Country<br><b>USA</b> |  | 5. FEI Number<br><b>59-3427973</b>                                                                                            |  |
| 7. Name and Address of Current Registered Agent<br>Name<br><b>Phillip J. Testa</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4726-B North Lois Avenue</b><br>Suite, Apt. #, Etc.<br>City<br><b>Tampa</b> State<br><b>FL</b> Zip Code<br><b>33614</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                       |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 30 DAY<br>400240077144<br>09/26/12 01019021<br>\$1000.00<br>9/20/12 |  |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.<br>Signature of Registered Agent:  Date: <b>9/20/12</b><br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                                                                                       |  |                                                                                                                               |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                                       |  |                                                                                                                               |  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                                                                                                                                        |  | City / State / Zip                                                                                                            |  |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Jeanne M. Barth                   | 15704 Squirrel Tree Place                                                                                                                                                             |  | Tampa, Florida 33624                                                                                                          |  |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Richard E. Barth                  | 15704 Squirrel Tree Place                                                                                                                                                             |  | Tampa, Florida 33624                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                       |  |                                                                                                                               |  |
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| 10. E-mail Address: <b>JMBSP@AOL.COM</b><br>(To be used for future annual report notifications)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                       |  |                                                                                                                               |  |
| 11. 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., and that all taxes owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.133, F.S. |                                   |                                                                                                                                                                                       |  |                                                                                                                               |  |
| SIGNATURE:  Date: <b>9/20/2012</b> 8:13-28<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                                       |  |                                                                                                                               |  |