PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -8 AM 7:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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03/10/04--01078--010 **1200.00

REINSTATEMENT 01-04

DOCUMENT # P97000064287

1. Corporation Name
MEDICAL ARTS PRESCRIPTION PHARMACY, INC.

2. Principal Office Address	3. Mailing Office Address
43 COLUMBIA STREET	43 COLUMBIA STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ORLANDO, FLORIDA	ORLANDO, FLORIDA
Zip: 32806 Country: ORANGE	Zip: 32806 Country: ORANGE

4. Date Incorporated or Qualified To Do Business In Florida: 7/1997

5. FEI Number: 59-3459274 ☐ 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: J. R. HOEFT, C PA
Street Address (P.O. Box Number is Not Acceptable): 499 SR 434 N.
Suite, Apt. #, Etc.: 2029
City: Altamonte Springs State: FL Zip Code: 32 714

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: Jerard L Hoeft
REGISTERED AGENT MUST SIGN
Date: 3/03/04

CR2E081 (01/04)

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
P	AMAL A. Hegazy	605 SWEETWATER CLUB CIR	LONGWOOD, FL 32779

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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/1/04

Daytime Phone #: 407-422-8104