PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 98-02 WBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY -2 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000097806

1. Corporation Name: All-N-One Medical Group Inc.

400005503044--9
-05/14/02--01045--019
****750.00 ****750.00

2. Principal Office Address	**3.** Mailing Office Address
195 S. Westmonte Dr., Suite H	195 S. Westmonte Dr., Ste H
Suite, Apt. #, etc.: Suite H	Suite, Apt. #, etc.: Suite H
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country: Seminole	Zip: 32714 Country: Seminole

4. Date Incorporated or Qualified To Do Business in Florida:

5. FEI Number: 59-3476324 ☐ 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: Manuel Faria

Street Address (P.O. Box Number is Not Acceptable): 1015 Edmiston Place

Suite, Apt. #, Etc.:

City: Longwood State: FL Zip Code: 32779

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: Manuel Faria OC — REGISTERED AGENT MUST SIGN

Date: 5/01/2002

CR2E081 (9/01)

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/D/T/M	Manuel Faria	195 S. Westmonte Dr., Ste H	Altamonte Springs, FL 32714
VP/S/T	Theresa Faria	195 S. Westmonte Dr., Ste H	Altamonte Springs, FL 32714

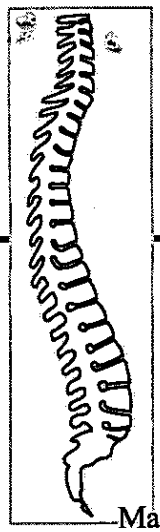
$125.00

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: Manuel Faria OC — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2002 Date

407-862-2287 Daytime Phone #



ALL-N-ONE MEDICAL GROUP, INC.
ALL-N-ONE CLINIC OF CHIROPRACTIC MEDICINE
ALL-N-ONE NECK, BACK & SPORTS REHAB CENTER

MANUEL FARIA, D.C.
Doctor of Chiropractic Medicine
195 S. Westmonte Dr., Suite I
Altamonte Springs, FL 32714
Telephone: (407) 862-2287
Fax: (407) 869-5433

May 1, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Re-Instatement of Corporation
Downloaded form for filing
Name of Business: All-N-One Medical Group, Inc.
D/B/As: All-N-One Clinic of Chiropractic Medicine and Medical Acupuncture
DOCUMENT # P97000097806

Attention: Division of Corporations:

As of today a problem was noted to our attention that our corporation was in active and I had done some checking with our accountant and was called by an insurance company as notification. According to our accountant there was a problem with the address and we did not received any notification for application of renewal forms. I thought that the account took care of this but to my knowledge he did not. As of today, I will be handling the business corporation information. I can be reached at the above telephone number and I am acting vice president, secretary and treasurer. Enclosed is a check for $750.00 for payment to re-open our corporation as, "active" status and please waiver the fee of $600 penalty. I had spoke with Yula and Justin today in reference to our corporation and the address is incorrect. It should be as follows:

All-N-One Medical Group, Inc. **Tax ID# 59-3476324**
All-N-One Clinic of Chiropractic Medicine and Medical Acupuncture
195 S. Westmonte Drive, Suite H
Altamonte Springs, FL 32714
Phone Number: 407-862-2287
Fax Number: 407-869-5433

If you have any questions regarding this letter please feel free to contact me at anytime at our office phone number 407-862-2287. Thank you so much for your cooperation of this matter.

Sincerely,

Theresa Faria

Theresa Faria
Vice President and Secretary

Attachments

Cc: Bill Dowd – Dowd & Associates
File – Division of Corporations
Re-Instatement forms/ & check