

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
01 AUG -6 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA000015282  
1. Corporation Name THE Country Doctors Office, Inc.

000004554850--0  
-08/24/01--01038--013  
\*\*\*1050.00 \*\*\*1050.00

2. Principal Office Address <u>THE Country Doctors Office, Inc</u> Suite, Apt. #, etc. <u>116 EAST PARK AVE.</u> City & State <u>CHIEFLAND, FL.</u> Zip <u>32644</u> Country <u>LEUY</u>		3. Mailing Office Address <u>THE Country Doctors Office, Inc.</u> Suite, Apt. #, etc. <u>P.O. Box 2497</u> City & State <u>CHIEFLAND, FL.</u> Zip <u>32644</u> Country <u>LEUY</u>	
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4. Date Incorporated or Qualified To Do Business in Florida <u>2/16/1998</u>		Applied For
5. FEI Number <u>59-3491936</u>		Not Applicable
6. <u>Not Required</u> CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Phillip K. Beck  
Street Address (P.O. Box Number is Not Acceptable) 11151 NW 115th St.  
Suite, Apt., Etc. P.O. Box 875  
City Chiefland, FL. State FL Zip Code 32644

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 Phillip K Beck Date July 26, 2001  
REGISTERED AGENT MUST SIGN

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
<u>P/N/D.</u>	<u>WILLIAM J. MOTT D.O.</u>	<u>228 SE. AVE. CHIEFLAND, FL.</u>	<u>CHIEFLAND, FL. 32644</u>
<u>S/T</u>	<u>DAVE GRIFF'S CPA</u>	<u>500 NY AVE, UNIT 35 DUNEDIN, FL.</u>	<u>DUNEDIN, FL. 34698</u>
	<u>900.00-ADM</u>		
	<u>61.25-AR</u>		
	<u>88.75-AR</u>		

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: William J. Mott Date 7/26/01 (352) 490-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)