| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  |  |
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| CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS   | 04 MAR 30 AM 8: 04  SECRETARY OF STATE TALLAHASOFE, FLORIDA                            |
| DOCUMENT # pg8 0000 31853  1. Corporation Name Francisco Aguilo-Seara MD PA  | AULAHASSEE FLORIDA  200030394092 03/31/0401070001 **150.00                             |
| 2. Principal Office Address  1395 N. Courtenay Play 629 Rockledge Dr.  Suite, Apt. #, etc.   | REMSTATEMENT 03-09   |
| Suite#107  City & State  Merritt Island, 12 Rockledge, 12  Zip Country USA Zip Country  32953 Brevard 32955 Br USA   | 4. Date Incorporated or Qualified To Do Business in Fiorida  04 07 1998  5. FEI Number |
| 7. Name and Address of Current Registered Agent  Name  Karea L. Aquilo - Seara  Street Address (P.O. Box Number is Not Acceptable)  200030394092  (29 Rockledge Dr. 03/12/04 01069 003 **78.75  Suite, Apt. #, Etc.  |  |
| City  ROCKLEGG C  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the   | State Zip Code FL 32955  obligations of section 607 0505 or 617 0503 F.S.              |
| Signature of Registered Agent REGISTERED AGENT MUST SIGN   | Obligations of section 607.0505 or 617.0503, F.S.  Date 3 8 0 4                        |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at   | least 3 directors)   |
| Titles Name of Street Address of Ea Officers and/or Directors Officer and/or Directors   |  |
| PVST- Francisco Agui lo-Scara MD-129-Rockiedge   | Dr Poorledge, 12 32955   |
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| 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:  3 8 04 (32) 631-5026  Daytime Phone # |  |