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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 26 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043758

1. Corporation Name

PRINCETON MEDICAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
7421 WEST 100TH PLACE BRIDGVIEW IL 60455	7421 WEST 100TH PLACE BRIDGVIEW IL 60455

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
227 N. Knights Ave.	7421 W. 100th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRANDON FL	City & State: Bridgeview IL
Zip: 33510 Country	Zip: 60455 Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/14/1998

5. FEI Number: 36-4227328 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LAPORT, FRANK L	7421 WEST 100TH PLACE	BRIDGVIEW IL 60455
D	LOCKWOOD, GARY A	7421 WEST 100TH PLACE	BRIDGVIEW IL 60455

10/10/24

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] By Brian Fons, Vice President — REGISTERED AGENT MUST SIGN — Date: 10/26/99

11. I certify that I am an officer or director of 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 that 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] 10/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H99000027092

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : CORPORATE CREATIONS CHICAGO, L.L.C
Account Number : 110450001334
Phone : (773)935-3920
Fax Number : (773)935-4020

CORPORATION REINSTATEMENT

PRINCETON MEDICAL MANAGEMENT, INC.

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