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DIVISION OF CORPORATIONS
04 DEC 17 PM 4:30

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000067952

1. Corporation Name

PHILIP C. DESANTIS, O.D., P.A.

REINSTATEMENT 02-04

2. Principal Office Address		3. Mailing Office Address	
1872 N MILITARY TR		1872 N MILITARY TR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WEST PALM BEACH FL		City & State: WEST PALM BEACH FL	
Zip: 33409	Country: USA	Zip: 33409	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/30/1998

5. FEI Number: 650856409 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: PHILIP C DESANTIS

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

Suite, Apt. #, Etc.: 341 S.E. 6TH AVE.

City: POMPANO BEACH | State: FL | Zip Code: 33060

8. I (being appointed) the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent: Philip DeSanto — Date: 12/17/04
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DR	PHILIP C DESANTIS	341 S.E. 6TH AVE.	POMPANO BEACH, FL 33060

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: Philip DeSanto — PHILIP C DESANTIS — 12/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
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From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

PHILIP C. DESANTIS, O.D., P.A.

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