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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 25 AM 10:29

DOCUMENT # P98000104936

1. Corporation Name

PAIN RELIEF INSTITUTE, INC.

REINSTATEMENT 00

2. Principal Office Address
1755 University Blvd. W.
Suite, Apt. #, etc.
City & State: Jacksonville, FL
Zip: 32217 Country: USA

3. Mailing Office Address
2221 Segovia Avenue
Suite, Apt. #, etc.
City & State: Jacksonville, FL
Zip: 32217 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/17/98

5. FEI Number: 59-3554049 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Aurelio A. Muzaurieta
Street Address (P.O. Box Number is Not Acceptable): 2221 Segovia Avenue
Suite, Apt. #, Etc.:
City: Jacksonville
State: FL Zip Code: 32217

8. I being appointed the registered agent of the above stated corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: A.A.M. REGISTERED AGENT MUST SIGN Date: 10/25/00

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	Aurelio A. Muzaurieta,	2221 Segovia Avenue	Jacksonville, FL 32217
VP/D	Gerardo M. Florez, M.D.	13 Arbor Club Drive, Apt. 317	Ponte Vedra Beach, FL 32082

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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/25/00 Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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Fax Number : (850)922-4004

From:
Account Name : FORD, JETER & BOWLUS, P.A.
Account Number : 075350000442
Phone : (904)268-7227
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CORPORATION REINSTATEMENT

PAIN RELIEF INSTITUTE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$758.75