PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000107592

1. Corporation Name

DR. YOU CHANG HU, P.A.

[redacted]

100024259281
10/29/03--01067--033 **176.25

2. Principal Office Address	3. Mailing Office Address
900 Fox Valley Drive	2135 S. Ridgewood Ave
Suite, Apt. #, etc.: Suite 106	Suite, Apt. #, etc.: N/A
City & State: LONGWOOD, FL	City & State: South Daytona, FL
Zip: 32779 Country: USA	Zip: 32119 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/29/1998

5. FEI Number: 59-3549778 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: You Chang Hu

Street Address (P.O. Box Number is Not Acceptable): 1 John Anderson Drive

Suite, Apt. #, Etc.: Apt. # 517

City: Ormond Beach State: FL Zip Code: 32176

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: [signature] Date: 10/01/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Director	DR. You Chang Hu	1 John Anderson Drive #517	Ormond Beach, FL 32176

REINSTATEMENT 01-03

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: [signature] You Chang Hu 10/01/03 386.760.2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #