

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AT.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

FILED

04 JUL 26 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000017020

1. Corporation Name

Carlos E. Maas, M.D., P.A.

2. Principal Office Address

3161 Harbor Blvd.

Suite, Apt. #, etc.

B

City & State

Port Charlotte, FL

Zip

33952

Country

USA

3. Mailing Office Address

PO Box 2487

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33949

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida		2/22/1999
5. FEI Number	Applied For	
65-0897892	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos E. Maas, M.D.

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

1775 Citron Street

Suite, Apt. #, Etc.

City

Charlotte Harbor

State

FL

Zip Code

33980

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]

REGISTERED AGENT MUST SIGN

Date

7/23/04

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	Carlos E. Maas	1775 Citron Street	Charlotte Harbor, FL 33980

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/23/04

Daytime Phone #

941-613-1777