To: 321-281-3691 From: All Florida Firm Nonlawyer - Phone 386-4 Pg 2/ 2 09/27/06 10:00 am

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 26 AM 10: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-05-06 01044 005 $300.00

CR2E081 (12/05) 05-06

DOCUMENT # p99000041056

1. Corporation Name

WILJON W. BELTRE, M.D., P.A.

~~W96-144238~~

2. Principal Office Address	3. Mailing Office Address
685 PALM SPRINGS DRIVE	685 PALM SPRINGS DRIV
Suite, Apt. #, etc.: 1 E	Suite, Apt. #, etc.: 1 E
City & State: ALTAMONTE SPRINGS FL	City & State: ALTAMONTE SPRINGS FL
Zip: 32701 Country: USA	Zip: 32701 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/06/1999

5. FEI Number: 593574176 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: BELTRE, WILJON W. MD

Street Address (P.O. Box Number is Not Acceptable): 685 PALM SPRINGS DRIVE

Suite, Apt. #, Etc.: 1 E

City: ALTAMONTE SPRINGS State: FL Zip Code: 32701

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: 9/28/06

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
PSTD	WILJON BELTRE	685 PALM SPRINGS DRIVE	ALTAMONTE SPRINGS FL 32701

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 contained in Chapter 119, 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: 9/28/06 Daytime Phone #

Wiljon W. Beltre, M.D.,P.A.-P99000041056
WILJON W. BELTRE, M.D.,P.A.
09/26/2006

TO WHOM IT MAY CONCERN,

I AM ENCLOSING MY REINSTATEMENT FORM FOR MY CORPORTION. I NEVER RECEIVED THE RENEWAL NOTIFICATION 2005&2006 FOR MY CORPORATION. THE INSTRUCTIONS FOR REINSTATEMENT INDICATE THAT IF I DID NOT RECEIVE NOTICE, TO PUT THIS IN WRITING AND THE REINSTATMENT FEE WOULD BE WAIVED.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

SINCERELY,

WILJON W. BELTRE