PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
00 DEC 22 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000046024**

1. Corporation Name

ANITA JONES, M.D., P.A.

Principal Place of Business	Mailing Address
~~400 SOUTH POINTE DRIVE~~	~~400 SOUTH POINTE DRIVE~~
~~SUITE 1108~~	~~SUITE 1108~~
~~MIAMI BEACH FL 33139~~	~~MIAMI BEACH FL 33139~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 1980 NE 119 Rd	Suite, Apt. #, etc. 1980 NE 119 Rd
City & State North Miami FL	City & State North Miami FL
Zip 33181 Country USA	Zip 33181 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/18/1999

5. FEI Number: 65-0920818 — Applied For ☐ Not Applicable ☐

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	~~JOENS, ANITA~~	~~400 SOUTH POINTE DRIVE~~	~~MIAMI BEACH FL 33139~~
D	JONES, Anita	1980 NE 119 Rd	North Miami FL 33181
			100003526301--0
			~~-01/08/01--01010--000-~~
			****150.00 ****150.00
			DUUBR 178

8. Name and Address of Current Registered Agent

JONES, ANITA
400 SOUTH POINTE DRIVE
SUITE 1108
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name: Anita Jones
Street Address (P.O. Box Number is Not Acceptable): 1980 NE 119 Rd
Suite, Apt. #, Etc.:
City: North Miami — State: FL — Zip Code: 33181

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN — Date: Dec/16/00

11. 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 REQ. Anita Jones MD — Dec 16 00 — 305-439-0599

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

TO: Fl Dep of State # P99000 46024
Notification of Corporation dissolved

Dec 16/00
Page with

From

Anita Jones MD PA

My Change of Address
From 400 South Pointe Drive
Suite 1108
Miami Beach Fl 33139

To 1980 NE 119th Rd
North Miami Fl 33181-3315

Changed in Nov 1999

I Did Not Receive any prior Request or Notification that my Corporation would be dissolved. This Is likely Due To mail-mix-up. I had many problem with my out-going and incoming mail during the change Last year.

Please Change My Address To
1980 NE 119th Rd
North Miami Fl 33181-3318

I Called 850-488-9000 To discuss How to Solve This Problem - I was instructed to mail in $150.00 Sign The Document and make the Change in Address and my Corporation will be reinstated. Your Consideration is Appreciated

MD

Anita Jones MD PA