PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS | FILED 01 OCT 30 PM 3:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT #   P99000064017

1. Corporation Name

BRENT DENLEY, D.O., P.A.

Principal Place of Business	Mailing Address
C/O JOEL R. LAVENDER, ESQ. 507 S.E. 11TH CT. FT. LAUDERDALE FL 33316	C/O JOEL R. LAVENDER, ESQ. 507 S.E. 11TH CT. FT. LAUDERDALE FL 33316

REINSTATEMENT 2001

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

2. New Principal Office Address, If Applicable 752 HARRISON AVE Suite, Apt. #, etc. City & State PANAMA CITY FL Zip 32401 Country US	3. New Mailing Office Address, If Applicable 752 HARRISON AVE Suite, Apt. #, etc. City & State PANAMA CITY FL Zip 32401 Country US	4. Date Incorporated or Qualified To Do Business in Florida 07/12/1999
		5. FEI Number 59-3592418 / 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
DPST	DENLEY, BRENT D.O.	752 HARRISON AVE.	PANAMA CITY FL 32401
		000004696390---6 -11/28/01--01016--014 ****750.00 ****750.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LAVENDER, JOEL R ESQ 507 S.E. 11TH CT. FT. LAUDERDALE FL 33316	Name Brent Denley, DO Street Address (P.O. Box Number is Not Acceptable) 752 Harrison Ave. Suite, Apt. #, Etc. City Panama City State FL Zip Code 32401

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 _Brent Denley, DO, PA_   Date _10-24-01_

REGISTERED AGENT MUST SIGN

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.

Brent Denley, DO, PA

SIGNATURE: _Brent Denley, DO_   _10-24-01_ (850) 913-8237

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

CR2E040 (8/01)