1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP -7 AM 8:42

DOCUMENT # P99000068423

1. Corporation Name
Mark Joseph Norman, P.A.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
2873 Winding Oaks Ln.	2873-D Winding Oaks Ln.
Suite, Apt. #, etc. D	Suite, Apt. #, etc. D
City & State Wellington Fl	City & State Wellington, Fl.
Zip 33414 Country USA	Zip 33414 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7-1-1999

5. FEI Number 65-0935445 ☐ 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: Norman, Mark J.
Street Address (P.O. Box Number is Not Acceptable): 2873 Winding Oaks Lane
Suite, Apt. #, Etc.: D
City: Wellington State: FL Zip Code: 33414

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 _____ Date 8-31-2006
REGISTERED AGENT MUST SIGN

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
P	Norman, Mark J.	2873-D Winding Oaks, Ln.	Wellington, Fl. 33414
			09/12/06--01062--003 **450.00

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: _____ 8/31/06 561 762-3226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

August 31, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 33414

Dear Secretary of State:

In the year 2004 I did not receive the annual report notice. As per our conversation on August 31, 2006 I am sending you the Reinstatement Application along with the $450.00 fee. If you need to contact me you may reach me at 561 762-3226 anytime during the day or night. Thank you very much for your attention.

With Best Regards,

Mark Joseph Norman
2873-D Winding Oaks Lane
Wellington, Fl. 33414