2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2007 DEC 31 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10232007 REINS CR2E098 (1/07)

REINSTATEMENT

DOCUMENT # P99000089184

1. Entity Name
YVANNE BERRYER, M.D., P.A.

Principal Place of Business	Mailing Address
1036 NW 1ST AVE HOMESTEAD, FL 33030	1036 NW 1ST AVE HOMESTEAD, FL 33030

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
829 NE 4th Ave	829 NE 4th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD FL	City & State: HOMESTEAD FL
Zip: 33030 Country: USA	Zip: 33030 Country: USA

4. FEI Number: 65-0955798 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERRYER, YVANNE
~~1036 NW 1ST AVE~~. 829 NE 4th Ave
HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 10·23·07
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERRYER, YVANNE ~~1036 NW 1ST AVE.~~ 829 NE 4th Ave HOMESTEAD, FL 33030 ☐ Delete	500113520565 12/31/07--01035--017 **150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10·23·07 786 227-1163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell DEC 31 2007