

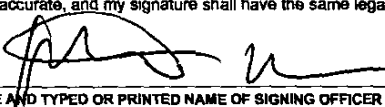


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 02 JAN 11 PM 4:00	
DOCUMENT # S 97201					
1. Corporation Name STEVEN E. HAWK, P.A.					
2. Principal Office Address 101 S. 11th St. Suite, Apt. #, etc. Suite 4 City & State LEESBURG, FL. Zip 34748 Country U.S.A.		3. Mailing Office Address 101 S. 11th St. Suite, Apt. #, etc. Suite 4 City & State Leesburg, FL Zip 34748 Country U.S.A.		4. Date Incorporated or Qualified To Do Business in Florida 12/2/91 5. FEI Number 621148244 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Steven E. Hawk, M.D. Street Address (P.O. Box Number is Not Acceptable) 101 S. 11th St. Suite, Apt. #, Etc. Suite 4 City Leesburg State FL Zip Code 34748					
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 1/8/02 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/V	Steven E. Hawk, M.D.	101 S. 11th St. Ste 4		Leesburg FL 34748	
S/T	LOIS S. ATKINS-HAWK	1408 9th St.		Leesburg FL 34748	
				AD	
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 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:  Date 1/8/02 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

CR2E081 (9/01)