

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

01 DEC 13 PH 3:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

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

DOCUMENT # P38866

1. Corporation Name  
 Keystone Peer Review Organization, Inc.

2. Principal Office Address  
 777 East Park Drive

3. Mailing Office Address  
 P.O. Box 8310

Suite, Apt. #, etc.

City & State  
 Harrisburg, PA

City & State  
 Harrisburg, PA

Zip 17111 Country USA Zip 17105-8310 Country USA

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 -12/27/01--01042--013  
 \*\*\*1350.00 \*\*\*1350.00

**REINSTATEMENT** 9701

4. Date Incorporated or Qualified To Do Business in Florida 5-19-1992

5. FEI Number 23-2348176 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  
 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
 1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation State FL Zip Code 33324

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 \*\*\*\*\*8.75 \*\*\*\*\*8.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations imposed by sections 607.0503 or 617.0503, F.S.

Signature of Registered Agent *Margaret E. Rouizahn* Special Assistant Secretary Date 12/12/01

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
C	Frederick G. Brown, MD	215 Gearhart, Box 458	Riverside, PA 17868-0458
P	Donald E. Harrop, MD	130 Fourth Avenue	Phoenixville, PA 19460
T	Martin A. Marcek, MD	562 Shearer St., Suite 101-2	Greensburg, PA 15601
S	Richard M. Gash, MD	Apt: 307 at the Fairmont at Conshohocken Road	Bala Cynwyd, PA 19004

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: *John Ward Jr* 12/4/01 717-564-8288

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

CREBB1 (REV)