


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED
AND
FILED

05 APR 18 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000029670**

1. Corporation Name
John A. Leklem, P.A.

REINSTATEMENT *03-05*
MKD

2. Principal Office Address 5151 Adanson Street		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite 98		Suite, Apt. #, etc. Same	
City & State Orlando, Florida		City & State Same	
Zip 32804	Country Orange	Zip Same	Country Same

4. Date Incorporated or Qualified To Do Business In Florida **April 18, 1994**

5. FEI Number **593235006** 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
John A. Leklem

Street Address (P.O. Box Number is Not Acceptable)
5151 Adanson Street

Suite, Apt. #, Etc.
Suite 98

City
Orlando

State **FL** Zip Code **32804**

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05/10/05--01068--014 **1090.00

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 **April 14, 2005**

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
PD	John A. Leklem	5151 Adanson St., Ste. 98	Orlando, FL 32804

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)(f), 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 A. Leklem** 4/13/05 407 6283577

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

CR2E081 (01/05)