PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
13 AUG 15 AM 8:02

DOCUMENT # 689375

1. Corporation Name
D. Barry Letman, MD, PA

W13-438D

500250488155
08/15/13--01029--003 **141.25

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
210 Jupiter Lakes Blvd	210 Jupiter Lakes Blvd
Suite, Apt. #, etc. 3102	Suite, Apt. #, etc. 3102
City & State Jupiter, Florida	City & State Jupiter, Florida
Zip 33458 Country USA	Zip 33458 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/1/1980

5. FEI Number 59-2042704 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED NO — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: D. Barry Letman

Street Address (P.O. Box Number is Not Acceptable): 13175 Sand Grouse Court

Suite, Apt. #, Etc.:

City: Palm Beach Gardens State: FL Zip Code: 33418

500250488155
08/06/13--01024--007 **1050.00

500250488155
08/06/13--01024--008 **8.75

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 _____
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	D. Barry Letman	13175 Sand Grouse Ct. ~~Palm Beach Gardens, FL~~	Palm Beach Gardens, FL 33418

REINSTATEMENT

AUG 15 2013

R. HUNT

E-mail Address: BARRY2000@AOL.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

NATURE: _____ BARRY LETMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #