

FILED

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

4. Date Incorporated or Qualified
To Do Business in Florida 10/08/1981

5. FEI Number	<input type="checkbox"/>	Applied For
59-2150091	<input type="checkbox"/>	Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75** Additional Fee required for a Certificate of Status

100220617081
02/07/12--01003--002 **2100.00



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F47856

1. Corporation Name

LESLIE SHAWN D.O.,P.A.

2. Principal Office Address - No P.O. Box #
400 N. HIATUS ROAD

Suite, Apt. #, etc
201

City & State
PEMBROKE PINES

Zip
33026

Country
USA

3. Mailing Office Address
400 N. HIATUS ROAD

Suite, Apt. #, etc.
201

City & State
PEMBROKE PINES

Zip
33026

Country
USA

7. Name and Address of Current Registered Agent

Name **LESLIE SHAWN D.O.**

Street Address (P.O. Box Number is Not Acceptable)
400 NORTH HIATUS ROAD

Suite, Apt. #, Etc.
201

City
PEMBROKE PINES

State	Zip Code
FL	33026

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 02/01/2012

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
DP	LESLIE SHAWN	400 N. HIATUS ROAD	PEMBROKE PINES FL. 33026
	REINSTATEMENT		
	DS-12	FEB 07 2017	
		R. HUNT	

10. E-mail Address: ~~LSHAWNDO@AOL.COM~~ LSHAWNDO @ AOL.COM
(To be used for future annual report notification)

11. 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 if 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.

SIGNATURE:

Leslie Shaw Re Leslie Shaw DO.

954 442 3434