PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 22 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800067465178
03/09/06--01026--029 **8.75
800067465178
03/09/06--01026--028 **1208.75
CR2E081 (12/05)

DOCUMENT # L66425

1. Corporation Name
LESLIE K. HERZOG, D.O., P.A.

2. Principal Office Address	3. Mailing Office Address
350 NW 84 AVENUE	SAME
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. SAME
City & State PLANTATION, FL	City & State SAME
Zip 33324 / Country U.S.A.	Zip SAME / Country SAME

4. Date Incorporated or Qualified To Do Business in Florida 4/17/90

5. FEI Number 593012265 [ ] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name MICHAEL A. FISCHLER, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable) FISCHLER & FRIEDMAN, P.A.

Suite, Apt. #, Etc. 1000 SOUTH ANDREWS AVENUE

City FORT LAUDERDALE State FL Zip Code 33316

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 MICHAEL A. FISCHLER, ESQ. Michael A. Fischler Esq. Date 2/1/06
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
D.P.S.T.	LESLIE K. HERZOG	350 NW 84 AVENUE #200	PLANTATION, FL 33324

B 2/23/06
REINSTATEMENT 03-06

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 contained in Chapter 119, 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: Leslie K Herzog MD LESLIE K. HERZOG, PRESIDENT 2/15/06 (954) 424-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #