12/28/2004 15:01 CCRS → 2050384 1/2

NO.893 002

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

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04 DEC 28 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M19354

1. Corporation Name
LEE ALEXANDER D.M.D.,P.A.

REINSTATEMENT 93-04 MRD

2. Principal Office Address		3. Mailing Office Address	
113 S.W. 11TH COURT		113 S.W.11TH COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
A		A	
City & State		City & State	
FORT LAUDERDALE, FL.		FORTLAUDERDALE, FL	
Zip	Country	Zip	Country
33315	USA	33316	USA

4. Date Incorporated or Qualified To Do Business in Florida 8/14/85

5. FEI Number 592876070 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Lee Alexander

Street Address (P.O. Box Number is Not Acceptable): 113 SW 11th Ct

Suite, Apt. #, Etc.: Suite A

City: Fort Lauderdale | State: FL | Zip Code: 33315

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: Lee Alexander — REGISTERED AGENT MUST SIGN — Date: Dec 28, 04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P / D	Lee Alexander	817 SE 8th Street	Fort Lauderdale, FL 33316

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: Lee Alexander — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: Dec 28, 04 — Daytime Phone #: 954 463 7972 / 954 522 4248

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Florida Department of State
Division of Corporations
Public Access System

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Account Number : 110450000714
Phone : (850)222-1173
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CORPORATION REINSTATEMENT

LEE ALEXANDER, D.M.D., P.A.

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