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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P02000101563</u>			
1. Corporation Name <u>LEONARD GUIDONE D.C.P.A.</u>			
2. Principal Office Address <u>1421 S. ANDREWS AVE.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>PO Box 21283</u> Suite, Apt. #, etc.	
City & State <u>FORT LAUDERDALE FL</u>		City & State <u>FORT LAUDERDALE, FL</u>	
Zip <u>33316</u>	Country <u>BROWARD</u>	Zip <u>33335</u>	Country <u>BROWARD</u>

FILED

04 APR -5 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
 800031746308
 04/02/04--01054--096--\$300.00
REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida <u>9.19.02</u>	
5. FEI Number <u>37-1444244</u>	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent		
Name <u>ANTHONY LIVOTI JR ESQ</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>721 NE THIRD AVE</u>		
Suite, Apt. #, Etc.		
City <u>FORT LAUDERDALE, FL</u>	State <u>FL</u>	Zip Code <u>33304</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.	
Signature of Registered Agent 	Date <u>3-30-04</u>

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
D	LEONARD GUIDONE	1421 S. Andrews Ave	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)(b), F.S. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: <u>Leonard Guidone D.C.P.A. Director</u>	Date <u>5/30/04</u>	Daytime Phone # <u>954-765-3330</u>
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CDE0001 (9-04)

Dr. Leonard Guidone, D.C., P.A.

Chiropractic • Acupuncture • Chinese Herbs • Massage

March 30, 2004

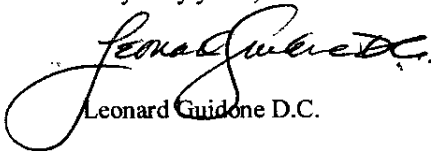
To Whom it May Concern:

I request that my dissolved corporation be reinstated and the fees waived, due to that fact that I did not receive a 2003 renewal form: Annual Report. Since it was the first report and since the corporation was just then formed, I was not alerted by my own acknowledgement.

Enclosed please find the completed Corporation Reinstatement Form along with a check for the amount of \$300.00 dollars.

Thank you for your consideration and cooperation.

Very truly yours,



Leonard Guidone D.C.