PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -5 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000101563

1. Corporation Name LEONARD GUIDONE D.C. P.A.

800031746308
04/02/04--01054--006 **300.00
REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1421 S. ANDREWS AVE.	PO BOX 21283
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE FL	City & State: FORT LAUDERDALE, FL
Zip: 33316 Country: BROWARD	Zip: 33335 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 9-19-02

5. FEI Number: 37-1444244 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ANTHONY LIVOTI JR ESQ
Street Address (P.O. Box Number is Not Acceptable): 721 NE. THIRD AVE.
Suite, Apt. #, Etc.:
City: FORT LAUDERDALE, FL State: FL Zip Code: 33304

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: 3-30-04
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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	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)(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: Leonard Guidone DC PA Director 3/30/04 954-765-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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.

Phone: 954-765-3330 • Fax: 954-765-3330
1421 South Andrews Avenue, Fort Lauderdale, Florida 33316