

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2006 OCT 13 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

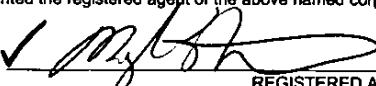

REINSTATEMENT
CR2E081 (12/05)

05-06

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000016351			
1. Corporation Name MYLES STARKMAN, D.C., P.A.			
2. Principal Office Address 799 Brickell Plaza Suite, Apt. #, etc. Suite 803 City & State Miami, FL Zip 33131 Country U.S.A.		3. Mailing Office Address 5089 Waters Edgeway Suite, Apt. #, etc. City & State Ft. Lauderdale, FL Zip 33330 Country U.S.A.	

4. Date Incorporated or Qualified To Do Business in Florida 02/25/1994	
5. FEI Number 65-0479028	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Myles Starkman		
Street Address (P.O. Box Number is Not Acceptable) 5089 Waters Edgeway		
Suite, Apt. #, Etc. 		
City Miami	State FL	Zip Code 33330

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 10-10-06	
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	Myles Starkman	799 Brickell Plaza	Miami, FL 33131
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: 		Date 10-10-06	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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10/10/06--01034--009 **300.00

10/18/06