

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**98 AR**  
P. Morgan  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 20 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000006737

1. Corporation Name

STEVEN LEIKIN, DDS, P.A.

Principal Place of Business

Mailing Address

5963 SE FEDERAL HWY  
STUART FL 34997

5963 SE FEDERAL HWY  
STUART FL 34997



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1995

5. FEI Number

65-0540423

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LEIKIN, STEVEN	5963 SE FEDERAL HWY	STUART FL 34997

300002698543--9  
-12/01/98--01024--022  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEIKIN, STEVEN  
5963 SE FEDERAL HWY  
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

**SIGNATURE REQUIRED**

Date 11/12/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

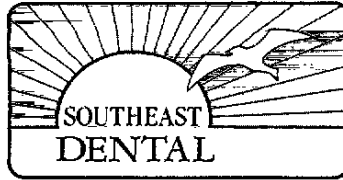
Date

11/12/98

Daytime Phone #

561-283-5364

CR2E040 (9/98)



Steven Leikin, D.D.S.

11/17/98

Sirs,

I called your office on 11/17 and was given clearance to submit \$150 check to reactivate my corporation. I did not receive my annual report or the follow up letter. I understand that it will be my responsibility to submit a check and report prior to May 1999 whether or not I receive a report from your office. Thank you for your consideration

Sincerely  
Steven Leikin