PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -6 PM 3:30
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P95000006737

1. Corporation Name

STEVEN LEIKIN D.O.S. PA.

REINSTATEMENT 2000-03

2. Principal Office Address	3. Mailing Office Address
5963 S.E Federal Hwy	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART FL	City & State: FL
Zip: 34997 Country: MARTIN	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: JAN 1995

5. FEI Number: 43-6275722 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ Note: Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: STEVEN LEIKIN

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02/05/03--01087--003 **200.00

Street Address (P.O. Box Number is Not Acceptable): 19638 RED MAPLE LN.

Suite, Apt. #, Etc.

City: JUPITER State: FL Zip Code: 33459

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: DDS Date: 1/29/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PRES	STEVEN LEIKIN DDS	same as above 5963 S.E. Federal Hwy	

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: DDS 1/29/03 1772-283-5360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 5360