FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 DEC -1 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700024489787
11/06/03--01054--005 **600.00

REINSTATEMENT 00-03

DOCUMENT # P95000054020

1. Corporation Name
ALMAN & KATZ, D.M.D., P.A.

2. Principal Office Address		3. Mailing Office Address	
7820 GLADES ROAD		7820 GLADES ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
250		250	
City & State		City & State	
BOCA RATON, FL		BOCA RATON, FL	
Zip	Country	Zip	Country
33434	USA	33434	USA

4. Date Incorporated or Qualified To Do Business In Florida: 06/30/1995

5. FEI Number: 65-0589626 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: STEVEN R. ALMAN

Street Address (P.O. Box Number is Not Acceptable): 7820 GLADES ROAD

Suite, Apt. # Etc.: 250

City: BOCA RATON | State: FL | Zip Code: 33434

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: _____ REGISTERED AGENT MUST SIGN Date: 10/30/03

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
PD	STEVEN R. ALMAN	7820 GLADES ROAD #250	BOCA RATON, FL 33434
SD	BARRY H. KATZ	7820 GLADES ROAD #250	BOCA RATON, FL 33434

10. I certify that I am an officer or director of 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 this 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: _____ STEVEN R. ALMAN 10/30/03 561-470-0007

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

ALMAN & KATZ, D.M.D., P.A.
7820 GLADES ROAD SUITE 250
BOCA RATON, FL 33434
TEL-561-470-0007

October 30, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reinstatement Department

Gentlemen:

We are enclosing a corporation reinstatement form for the above corporation, together with a check for the Uniform Business Report fees for 2000, 2001, 2002, and 2003; totalling $600.00.

Please note that the corporation had moved and we had never received the annual report forms.

Please accept the enclosed forms and fees and reinstate the corporation.

Thank you very much for your kind consideration to this matter.

Very truly yours,

Steven R. Alman DMD
President