

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -1 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054020

1. Corporation Name

ALMAN & KATZ, D.M.D., P.A.

2. Principal Office Address

7820 GLADES ROAD

State, Apt. #, etc.

250

City & State

BOCA RATON, FL

Zip

33434

Country

USA

3. Mailing Office Address

7820 GLADES ROAD

State, Apt. #, etc.

250

City & State

BOCA RATON, FL

Zip

33434

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1995

5. FRI Number

65-0589626

Applied For

Not Applicable

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

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name

STEVEN R. ALMAN

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

7820 GLADES ROAD

State, 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 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Date 10/30/03

REGISTERED AGENT MUST SIGN

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

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	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 depositor 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)(c), 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P

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

BOCA RATON, FL 33434

ALMAN & KATZ, D.M.D., P.A. 7820 GLADES ROAD SUITE 250 BOCA RATON, FL 33434

October 30, 2003

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

Reinstatement Department

Gentlemen:

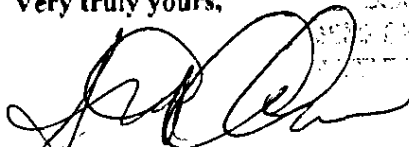
We are enclosing a corporation reinstatement form for the above corporation, together with a check for the Uniform Business Report fees for 2000, 2001, 2002, and 2003; totalling \$600.00.

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