


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 25 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000005590

1. Corporation Name
Barry Silverstein D.C. P.A.

2. Principal Office Address 990 NW 5 St. Suite, Apt. #, etc.		3. Mailing Office Address 990 NW 5 Street Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State Boca Raton, FL	
Zip 33486	Country USA	Zip 33486	Country USA

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 1/21/97

5. FEI Number 650719203
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
H. Dohn Williams Jr.

Street Address (P.O. Box Number is Not Acceptable)
990 NW 5 Street


Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33486

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 10/22/06

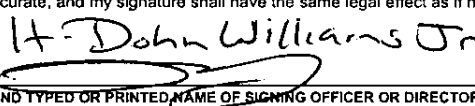
REGISTERED AGENT MUST SIGN

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
Pres.	Barry Silverstein	990 NW 5 Street	Boca Raton, FL 33486
Secy Treasurer	H. Dohn Williams Jr.	990 NW 5 Street	Boca Raton, FL 33486

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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 10/22/06 561-929-5432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

rc 10/27