PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000004182

REINSTATEMENT 03-04

1. Corporation Name
David A. Chenkin, P.A.

2. Principal Office Address	3. Mailing Office Address
8551 West Sunrise Blvd.	8551 West Sunrise Blvd.
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.: Suite 210
City & State: Plantation	City & State: Plantation
Zip: 33322 Country: Broward	Zip: 33322 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 1/13/98

5. FEI Number: 650805527 ☐ 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: David A. Chenkin
Street Address (P.O. Box Number Is Not Acceptable): 8551 West Sunrise Blvd.
Suite, Apt. #, Etc.: Suite 210
City: Plantation State: FL Zip Code: 33322

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: 2/17/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PSD	David A. Chenkin	8551 West Sunrise, Blvd. Suite 210	Plantation, FL. 33322

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: _____ 2/17/04 954-476-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TR

Florida Department of State

Division of Corporations
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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : DAVID A. CHENKIN, P.A.
Account Number : I20000000115
Phone : (954)476-7994
Fax Number : (954)476-2382

CORPORATION REINSTATEMENT

DAVID A. CHENKIN, P.A.

Certificate of Status	0
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