PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 24 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S33374

1. Corporation Name: DR. LAWRENCE PRECIPUO P.A.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
4956-15 LECHALET BLVD	~~SAME~~ 4456-15 LECHALET BLVD
Suite, Apt. #, etc.: 15	Suite, Apt. #, etc.: ~~SAME~~ 15
City & State: Boynton Beach, FL	City & State: ~~SAME~~ Boynton Bch. FL
Zip: ~~FOREIGN~~ 33436	Country: USA
Zip: 33436	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/21/91

5. FEI Number: 65-0250713 ☐ 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: ~~Bakerbury Bank Co~~ William Blakeberg

Street Address (P.O. Box Number is Not Acceptable): 951 SW 4th AVE

500024950135
11/24/03--01021--012 **158.75

Suite, Apt. #, Etc.:

City: Boca Raton | State: FL | Zip Code: 33426

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: William Blakeberg Date: 11/18/03
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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	DR. LAWRENCE PRECIPUO	4956-15 LECHALET BLVD	Boynton Beach, FL 33436

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 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: Dr. Lawrence Precipuo DR. LAWRENCE PRECIPUO 11/18/03 561-736-1709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #