PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -9 AM 8:00

DOCUMENT # V13807

1. Corporation Name
Dennis Feinrider, M.D., P.A.

REINSTATEMENT 03-04

11/03/03 01051 017 **750.00
MRD

2. Principal Office Address	3. Mailing Office Address
6801 Lake Worth Rd	6801 Lake Worth Rd
Suite, Apt. #, etc: Suite 219	Suite, Apt. #, etc: Suite 219
City & State: Lake Worth, Florida	City & State: Lake Worth, Florida
Zip: 33467 Country: US	Zip: 33467 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 02/13/1992

5. FEI Number: 65-0315640 ☐ 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: Dennis Feinrider

Street Address (P.O. Box Number is Not Acceptable): 911 Hyacinth Drive

Suite, Apt. # Etc.

000030065820
03/03/04 01035 005 **150.00

City: Delray Beach | State: FL | Zip Code: 33483

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Dfeinrider Date: 3/4/04

REGISTERED AGENT MUST SIGN

CR2E031 (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
Dr.	Donnis Feinrider	911 Hyacinth Drive	Delray Beach, FL 33483

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: X Dfeinrider Donnis Feinrider 3/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #