

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 22 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G77608

1. Corporation Name

ANDREW ASTROVE, M.D., P.A

2. Principal Office Address

6702 S GRANDE DRIVE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33433

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

00 - 03

4. Date Incorporated or Qualified To Do Business in Florida

01/05/1984

5. FEI Number

59-2369149

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

ANDREW ASTROVE

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

6702 S GRANDE DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

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

REGISTERED AGENT MUST SIGN

Date

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
PST	ANDREW ASTROVE	6702 S GRANDE DRIVE	BOCA RATON, FL 33433

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:

Andrew Astrove Andrew Astrove

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/03

Date

561-368-1190

Daytime Phone #

CR2E061 (10/02)

8/21/03

August 18, 2003

Florida Department of State
Division of Corporations
Tallahassee, Florida

Re: Reinstatement

Dear Agent:

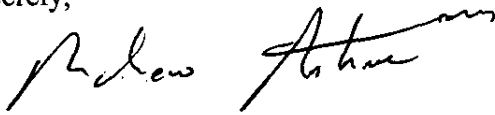
Please consider this writing confirmation that, to the best of my knowledge, I have not received the annual business report since 1999, as determined by search on your website. My attorney due to a legal matter just recently made me aware of this fact.

In accordance with recent phone conversation with your department, I have enclosed "Reinstatement Application" and payment in the amount of \$600, which represents the annual fee for the four years 2000 through 2003.

Please contact me at 561-368-1190 if I can be of further assistance.

Your cooperation is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Astrove", written in a cursive style.

Andrew Astrove, President