

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 26 AM 10:35

DOCUMENT # **P0000014891**

1. Corporation Name
MICHAEL S. GOLDMAN, D.O., P.A.

Principal Place of Business 4104 NW 53RD ST BOCA RATON FL 33496	Mailing Address 4104 NW 53RD ST BOCA RATON FL 33496
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 02/11/2000	
5. FEI Number 65-0974043	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	MICHAEL S. GOLDMAN	4104 NW 53RD ST	BOCA RATON FL 33496

800004677328--1
 -11/13/01--01091--013
 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

GOLDMAN, MICHAEL S
 4104 NW 53RD ST
 BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Michael S. Goldman* Date: 10/24/01

REGISTERED AGENT MUST SIGN

11. 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: *Michael S. Goldman* 10/24/01 (561) 241-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

Dear Sirs:

I am requesting a waiver
of the 600⁰⁰ fee for
Corporation Re-statement.

I was away for 4 months
for cancer treatment and
did not ever receive

the Uniform Business
reports required to

keep Corporation in - fact

I have enclosed the

normal 150⁰⁰ fee. Any
questions or if not able to
waive please contact me.

Dr Michael Goldman