

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P94000059447

1. Corporation Name

ISAAC LEVY, M.D. P.A.

2. Principal Office Address

601 N. FLAMINGO RD

Suite, Apt. #, etc.

416

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

3. Mailing Office Address

1 SW 129 Ave

Suite, Apt. #, etc.

408

City & State

Pembroke Pines FL

Zip

33027

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-12-94

5. FEI Number

65-0525149

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

ISAAC LEVY c/o JEFFREY FRIEDMAN

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

c/o 1 SW 129 Ave

600003297146-1

Suite, Apt. #, Etc.

408

05/20/00 01049 020

****300.00 ****300.00

City

Pembroke Pines

State

FL

Zip Code

33027

8. I, the undersigned, 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

REGISTERED AGENT MUST SIGN

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
P/O	ISAAC LEVY	601 N. FLAMINGO RD #416	Pembroke Pines, FL 33028

99-00481 TS

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 of this 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 form is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CR2E081 (9/99)

ISAAC LEVY, M.D., P.A.
1 S.W. 129 AVE, SUITE 408
PEMBROKE PINES, FLORIDA 33027
(954) 450-2805

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

May 30, 2000

Dear Sir:

We have discovered from your web site, that our corporation was administratively dissolved, due to the non-filing of the 1999 renewal form. We did not receive a renewal form for 1999 or 2000 for the same probable reason. Our mailing address was changed and it appears that your records do not reflect the new address.

Enclosed is a completed Corporate Reinstatement Form. Also enclosed is a check for \$300 for the 1999 and 2000 filing fee. Please abate the late filing penalty due to reasonable cause.

Thank you for your consideration.

Sincerely,



Isaac Levy
Isaac Levy M.D.