

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 DEC -9 AM 9:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000082276

1. Corporation Name

STEVEN R MILSTEIN, M.D.,P.A.

Principal Place of Business

23162 POST GARDENS WAY STE 702
 BOCA RATON FL 33433

Mailing Address

23162 POST GARDENS WAY STE 702
 BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 6599 NW 33RD AVENUE
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
 6599 NW 33RD AVENUE
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

08/21/1998

City & State
 Boca Raton, FL

City & State
 Boca Raton, FL

5. FEI Number

65-0870897

Applied For

Not Applicable

Zip
 33496 Country
 Palm Beach

Zip
 33496 Country
 Palm Beach

6. CERTIFICATE OF STATUS DESIRED \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MILSTEIN, STEVEN R	23162 POST GARDENS WAY STE 702 6599 NW 33 RD AVENUE	BOCA RATON FL 33433 33496

900003079389--8
 -12/23/99--01057--003
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MILSTEIN, STEVEN
 23162 POST GARDENS WAY STE 702
 BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 6599 NW 33RD AVENUE
 Suite, Apt. #, Etc.
 City Boca Raton State FL Zip Code 33496

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

Steven R. Milstein

Date 12/1/99

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:

Steven R. Milstein, M.D., P.A.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven R. Milstein, M.D., P.A.
 12/1/99 561-999-9626
 Date Daytime Phone #