## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

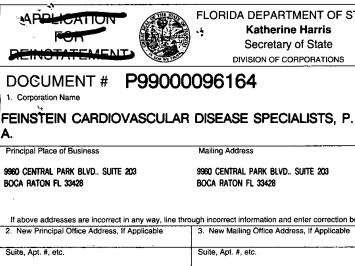
FLORIDA DEPARTMENT OF STATE

**Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

Mailing Address

**BOCA RATON FL 33428** 

9960 CENTRAL PARK BLVD.. SUITE 203



SECRETARY OF STATE TALLAHASSEE. FLORIDA

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If above a	iddresses are	incorrect in any way, line thro	ough incorrect in	nformation a	nd enter correction below.				
New Principal Office Address, If Applicable 3. No.			3. New Maili	New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     11/01/1999		
Suite, Apt. #, etc. Suite, A			Suite, Apt. #,	, Apt. #, etc.		5. FEI Numbe		Applied For	
City & State			City & State				65-0958184 Not Applicate		
Zip		Country	Zip		Country	6. CERTIFICATI		75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	it corporations must list at	least 3 directors)			
Title(s)				3	Street Address of Ea Officer and/or Direct		City / State / Zip		
D	FEINSTEIN, ROBERT D			218 NEW LAKE DRIVE		BOYNTON BEACH FL 33426			
						——————	0004570 -11/07/010 ****150.00	1033012	
		•						SP	
			٠						
8. Name and Address of Current Registered Agent					Nome	9. Name and Address of New Registered Agent			
SAMUELS, LEONARD K BERGER, DAVIS & SINGERMAN 350 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE FL 33301					Street Address	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
10. I, being	appointed th	e registered agent of the abo	ve named corpo	oration, am f	amiliar with and accept the	obligations of Sect	ion 607.0505, F.S.		

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 filling 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:** 

NAME OF SIGNING OFFICER OR DIRECTOR

Date

56/218888

## TUBBS & BARTNICK, P.A.



October 18, 2001

**VIA FEDERAL EXPRESS** 

Department of State-Division of Corporations 409 East Gaines Street Tallahassee, FL 32399-0100

RE:

TAXPAYER:

FEINSTEIN CARDIOVASCULAR DISEASE SPECIALIST, P.A.

DOCUMENT #: P99000096164

EIN:

65-0958184

Dear Madam/Sir:

As the accountants for the above-referenced taxpayer, we have been requested to forward, on the Company's behalf, the enclosed application for reinstatement of corporate status. Also enclosed is a check in the amount of \$150 which represents the annual fee for a profit corporation.

On behalf of Feinstein Cardiovascular Disease Specialist, P.A., we respectfully request consideration for waiver of the additional reinstatement fee of \$600.

While moving the medical office to a new location, several files, including the Florida Annual Report, were lost or misplaced by Dr. Feinstein's staff. Although we realize that this is not an excuse for late filing, it appears to meet the reasonable cause standard as Dr. Feinstein did not intentionally disregard his filing requirements.

Dr. Feinstein has filed his annual report as well as other filing requirements with the Florida Department of Revenue, the Internal Revenue Service and other jurisdictions in a timely manner since the date of his incorporation, November 1, 1999. A verification of the Company's filing history will attest to this.

Based upon the above, we respectfully request consideration for the abatement of the \$600 late fee. Your prompt attention and consideration to this matter is greatly appreciated.

If you have any questions or require additional information, please do not hesitate to contact me.

TUBBS & BARTNICK, P.A.

Zoltan Stein, CPA