

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 486073

1. Corporation Name

MARSHALL J. BRUMER, M.D., P.A.

Principal Place of Business

3001 N W 49 AVE.  
LAUDERDALE LAKES FL 33313

Mailing Address

3001 N W 49 AVE.  
LAUDERDALE LAKES FL 33313

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/25/1975

5. FEI Number

59-1621124

Applied For

Not Applicable

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
PD	BRUMER, MARSHALL J.	3001 N W 49 AVE.	LAUDERDALE LAKES FL

100003028931--9  
-10/27/99--01089--016  
\*\*\*\*150.00 \*\*\*\*150.00

1178

8. Name and Address of Current Registered Agent

EISENSMITH, JEFFREY R. P.A.  
ONE FINANCIAL PLAZA STE 1610  
FT. LAUDERDALE FL 33394

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

X

REQUIRED

Date

10/13/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/1999

Date

Daytime Phone #

*Pulmonary Disease*

*Internal Medicine*

**Marshall J. Brumer, M.D., P.A.**  
**Diplomate American Board of Internal Medicine**  
**Diplomate of Pulmonary Disease**  
**3001 Northwest 49th Avenue**  
**Suite 307 - East Building**  
**Lauderdale Lakes, Florida 33313**  
**(954) 484-8990**

2  
October 11, 1999

FL Department of State  
Katherine Harris  
Secretary of State  
Division of Corporations

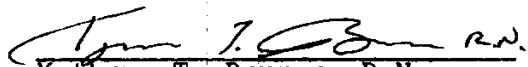
RE: MARSHALL J. BRUMER, M.D., P.A.  
59-1621124  
RENEWAL

This is to advise you that I am in possession of an application for reinstatement, and never received any notice of renewal for the 1999 filing period.

Therefore, I am enclosing a check for RENEWAL in the amount of \$150.00 as required by law, and ask that you take into consideration that neither this office, nor the resident agent for the corporation of MARSHALL J. BRUMER, M.D., P.A. received any notice of renewal for 1999.

Thank you for consideration in this matter.

Very sincerely yours,

  
Kathryn T. Brumer, R.N.  
for  
Marshall J. Brumer, M.D., P.A.

Enclosure  
cc: J. Eisensmith, Esq.  
Registered Agent