

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



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

FILED

99 OCT 19 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/25/1975	
City & State		City & State		5. FEI Number	
Zip		Country		59-1621124	
				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)

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

1176

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 807.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

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

[Signature]
REGISTERED AGENT MUST SIGN

10/11/1999
Date

Daytime Phone #

CR2000 (8/99)

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

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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