

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 502382

1. Corporation Name

IRA M. SHULMAN, M.D., P.A.

Principal Place of Business

350 N.W. 70TH AVE.  
PLANTATION FL 33317

Mailing Address

350 N.W. 70TH AVE.  
PLANTATION FL 33317

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

05/04/1976

5. FEI Number

59-1659416

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SHULMAN, IRA M.	350 N.W. 70TH AVE.	PLANTATION FL

100008637521  
10/28/02--01125--013 \*\*150.00

8. Name and Address of Current Registered Agent

SHULMAN, IRA M.M.D.  
350 N.W. 70TH AVE.  
PLANTATION FL 33317

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

*10/24/02*

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*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10/24/02* (954) 792-5750

***Ira M. Shulman, M.D., PA F.A.C.O.G.  
Judy Abelow, P.A. - C***

***350 Northwest 70th Avenue, Suite A  
Plantation, Florida 33317  
(954) 792-5750***

October 24, 2002

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


Re: 59-1659416  
Document # 502382  
Application for Reinstatement

To Whom It May Concern:

On November 15, 2002 we changed our corporate name from Steven D. Streisfeld, M.D. Ira M. Shulman, M.D., PA to Ira M. Shulman M.D., P.A. I believe due to that name change I never received the January mailing for filing the Annual Corporate Report. Neither did I receive the second notice that was sent per the attached document.

Therefore, I am requesting a waiver of the reinstatement fee of \$600 and enclosing the required fee of \$150. Attached is the completed application for reinstatement. Please contact my office if you require any additional information.

Sincerely,

  
Ira M. Shulman, M.D.  
President