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2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JUN -2 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 510501	
1. Entity Name JOEL P. GORDON, M.D., P.A.	

Principal Place of Business 2925 10 AVE N. LAKE WORTH, FL 33461	Mailing Address 2925 10 AVE N. LAKE WORTH, FL 33461
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Handwritten initials

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

REINSTATEMENT 04-05 wop
05262005 REIN-P CP2E098 (6/05)

City & State	City & State	4. FEI Number 59-1687134	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent GORDON, JOEL P. 2925 10 AVE N. LAKE WORTH, FL 33461		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, JOEL P. 424 S. COUNTRY CLUB DR. ATLANTIS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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300055657723
06/02/05--01034--007 ***300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Joel P. Gordon MD* 5/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Members of American Institute
of Certified Public Accountants

3003 South Congress Avenue
Suite 2-C
Palm Springs, Florida 33461



Wayne M. Peterson, CPA • Craig K. Peterson, CPA
e-mail Craig K. Peterson: ckpepa@aol.com

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Members of Florida Institute
of Certified Public Accountants

Palm Beach (561) 964-1800
Broward (954) 428-1590
Fax: (561)966-1326

May 26, 2005

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

re: 2005 Corporation Reinstatement
Document# 510501

To Whom It May Concern:

Enclosed please find the 2005 Corporation Reinstatement request for our client,
Joel P. Gordon, M.D., P.A.

The taxpayer is filing this form pursuant to S. 607.19(2)(b), F.S. The taxpayer did
not receive the post card renewal notice for 2004 and subsequently, 2005. As per your
reinstatement form, we are enclosing the requested fee of \$300.00. Thank you for your
assistance.

Respectfully yours,

A handwritten signature in cursive script that reads 'Craig K. Peterson'.

Craig K. Peterson, CPA

CKP:he
encl.