

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 20 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602993

1. Corporation Name

DR. NEIL FINHORN PA

2. Principal Office Address

9885 SUNSET DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33173

Country

USA

3. Mailing Office Address

9885 SUNSET DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33173

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/1/1971

5. FEI Number

59-1358562

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03.06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

NEIL FINHORN

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

9885 SUNSET DRIVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

NEIL FINHORN

Date 10/17/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	NEIL FINHORN	9885 SUNSET DRIVE	MIAMI, FL 33173

10/10/25

800081058948
10/20/06--01008--021 **\$600.00

10. 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 contained in Chapter 119, 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:

NEIL FINHORN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/06

Date

305-595-2020

Daytime Phone #

PINCHASIK • STRONGIN • MUSKAT • STEIN & COMPANY

A Professional Association of Certified Public Accountants

NELSON EPELBAUM, CPA
SUSAN GRANOFF, CPA, J.D., LL.M.
GREGORY R. HALLER, CPA
JERROLD LEVINE, CPA
ROSARIO D. MERCEDES, CPA
BRIAN F. MSIUNAS, CPA
HARVEY P. MUSKAT, CPA
MARK PINCHASIK, CPA
CONSTANCE S. ROSSI, CPA
ROBERT A. STEIN, CPA*, ADV
EDWARD A. STRONGIN, CPA

SUITE 500
DAYVIEW PLAZA
3225 AVIATION AVENUE
MIAMI, FLORIDA 33133

MIAMI DADE (305) 858-5800
BROWARD (954) 763-5800
FAX (305) 858-1636

MITCHELL A. YELEN, J.D., LL.M.

*CPA Licensure designation is regulated
by the state of Florida

October 17, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 3231

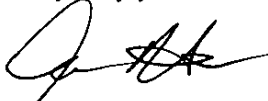
Re: Dr. Neil Einhorn, PA
FEI # 59-1358562
Document # 602993

Dear Sirs:

We have been asked by our client referenced above to contact you. Dr. Einhorn never received the annual report forms for 2003, 2004, 2005 or 2006 and his corporation was involuntarily dissolved by the State of Florida. We respectfully request that you accept his application for reinstatement and abate any penalties associated with such. We are enclosing a check for \$600 representing the \$150 per year annual report fee for a Profit Corporation. This should fully satisfy any information requests you may have and fully reinstate the corporation in good standing with the Division of Corporations.

Thank you for your time and assistance. If you should have any questions concerning this matter feel free to contact the undersigned.

Very truly yours,



Gregory R. Haller, CPA
For the Firm

Enclosures