

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 NOV -1 PM 1:19

DOCUMENT # **604236**

1. Corporation Name
ROBERT E. BOYETT M.D. PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
BOYETT, ROBERT E. 9600 S. W. 103RD ST. MIAMI FL 33176 US	8955 SW 87TH. COURT SUITE 214 MIAMI FL 33176

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	03/23/1973
5. FEI Number	59-1454417
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	BOYETT, ROBERT E.	9600 SW 103RD STREET	MIAMI FL 33176
V	BOYETT, JUDY Y	9600 SW 103 STREET	MIAMI FL 33176
			200004695202--2 -11/27/01--01048--020 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

ROBERT E. BOYETT
SW 103 STREET
MIAMI FL 33176

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 *Robert Boyett ME* Date 10/17/01
 REGISTERED AGENT MUST SIGN

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: *Judith E. Boyett* Date 10-17-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED40 (8/01)

Robert S. Ellenbogen, CPA, P.A.
CERTIFIED PUBLIC ACCOUNTANT
15450 NEW BARN ROAD, SUITE 308
MIAMI LAKES, FL. 33014

ROBERT S. ELLENBOGEN, CPA

PHONE (305) 557-5266
FAX (305) 823-7631

October 18, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Robert E. Boyett M.D. Professional Association
Corporate Reinstatement
EI# 59-1454417

To Whom It May Concern:

I am writing to you at the request of the above named corporation in response to the notice of dissolution they recently received from you indicating they failed to file its 2001 corporation annual report. Please be advised that the corporation never received their annual renewal statement from you. It must have been lost in the mail. This corporation has been in existence since 1973, and has always timely filed it's annual report by the appropriate due date. Based upon the over 28 years of existence as a corporation in good standing with the State of Florida, we ask that you please accept the enclosed check in the amount of \$150.00, as a timely filed report.

Thank you for your expected positive response to this matter. If you have any questions, please feel free to contact me.

Very truly yours,


Robert S. Ellenbogen, CPA

Encls.

Cc: Robert E. Boyett M.D.