	FLEASE REA	<u>D ALL IN:</u>	STRUCTION:	<u>S BEFORE C</u>	OMPLET	ING THIS FO	DRM.	
AP	PLICATION (FLOR	IDA DEPARTMI Sandra B. Mo		1			
FOR REINSTATEMENT			Secretary of	Secretary of State		FILED		
DOCUMENT# 623870					98 NOV 30 PM 3: 00			
1. Corporation Name								
IACOE	3 NUDEL, M.D., P.A.			SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Principal P	lace of Business	Mailing A	ddress			l e rigna flifit ibili ikati ngi:	Sidit didit Bidir nenet didit weber zans	
	H UNIVERSITY DR. PINES FL 33024		2245 NORTH UNIVERSITY DR. PEMBROKE PINES FL 33024					
	addresses are incorrect in any way, line					STATEM	ENTOS	
			New Mailing Office Address, If Applicable			oorated or Qualified iness in Florida	06/05/1979	
			Suite, Apt. #, etc. City & State		5. FEI Numbe	59-1912794	Applied For	
Zip	Country	Zip			6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional Fee requirements for a Certificate of Staff	
7. Names	and Street Addresses of Each Officer	ınd/or Director (Florida nonprofit corpo	rations must list at lea	ıst 3 directors)		The state of the s	
Title(s)	Name of Officers and/or Directors		i	treet Address of Each Officer and/or Director se Post Office Box Nu		4	City / State / Zip	
PST	PST NUDEL, JACOB		2245 N. UNIVERSITY DR.		PEMBROKE PINES FL			
D NUDEL, JACOB			2245 N. UNIVERSITY		PEMBROKE PINES FL		S FL	
					<u></u>		' 02149 3 8801087012).00 ****750.0 0	
						কককৰ এএ	3.00 ****130.00	
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Regi	stered Agent	
NUDEL, JACOB 2245 N. UNIVERSITY DR.				Street Address (P.O. Box Number is Not Acceptable)				
PEMBROKE PINES FL 33024				Suite, Apt. #, Etc.				
		~/ X		City			State Zip Code	
0. I, being Signature o Registered				with and accept the ob	ligations of Secti	on 607.0505, F.S.	11/23/98	
11. Th	is corporation owes or angible Personal Propo	has paid	the current ye	ear Yes	No 🗆		ther side for information on intangible tax.)	
this rein: owed by	that I am an officer or director or the re statement application, the reason for d the corporation have been paid and t application is true and accurate and m	ssolution has be ne pames of indi	en eliminated, the corp viduals listed on this fo	orate name satisfies t irm do not qualify for a	he requirements an exemption un	of section 607.0401 or	r 617.0401, F.S., that all fees	
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