

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 AM 10:36

DOCUMENT # **638420**

1. Corporation Name

MATHIAS PISKUR MD PA

2. Principal Office Address

1652 W. Hillsboro Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1652 W. Hillsboro Blvd

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

1979

5. FEI Number

*** 59-1937297**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MATHIAS PISKUR

500004653765-5

-10/25/01--01070--013

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

1652 W. Hillsboro Blvd.

******773.75 ****773.75**

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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

MATHIAS PISKUR M.D.
REGISTERED AGENT MUST SIGN

Date

Aug. 14, 2001

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
B, S, T, D	MATHIAS PISKUR	1652 W. Hillsboro Blvd.	Deerfield Beach, FL 33442

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 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:

MATHIAS PISKUR M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 14, 2001
Date

954-428-3558
Daytime Phone #

CR2E081 (9/00)