

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **638420**

1. Corporation Name

MATHIAS PISKUR, M.D., P.A.

Principal Place of Business

Mailing Address

1652 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442
US

1652 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/01/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1937297

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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
PSTD	PISKUR, MATHIAS	1652 W HILLSBORO BLVD	DEERFIELD BEACH FL 33442

600023973176
10/21/03--01080--020 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PISKUR, MATHIAS
1652 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

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. or 617.0505, F.S.

Signature of Registered Agent

X Mathias Piskur M.D.
REGISTERED AGENT MUST SIGN

Date

X 10/17/03

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:

X Mathias Piskur M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 10/17/03

Daytime Phone #

954-428-3558

CR2E040 (7/03)