


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 680452

1. Corporation Name  
Melvin D. Ross, M.D., P.A.

2. Principal Office Address <u>252 South Flamingo Rd</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Pembroke Pines, FL</u>		City & State	
Zip <u>33027</u>	Country <u>USA</u>	Zip	Country

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida 7/31/1980

5. FEI Number 59-2017092

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Melvin Ross

Street Address (P.O. Box Number is Not Acceptable) 252 South Flamingo Road

Suite, Apt. #, Etc.

City Pembroke Pines State FL Zip Code 33027

500043302005  
12/09/04--01034--016 \*\*151.00

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 Melvin Ross Date 11/15/04

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	Melvin Ross	252 South Flamingo Rd	Pembroke Pines, FL 33027

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: Melvin Ross Date 11/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

PERLESS, ROTH, JONAS, MITTELBERG & HARTNEY, CPA'S, P.A.

CERTIFIED PUBLIC ACCOUNTANTS  
8370 W. FLAGLER STREET, SUITE 125  
MIAMI, FLORIDA 33144-2078  
(305) 554-1560 • FAX (305) 553-0115

ROBERT N. PERLESS, C.P.A.  
ROBERT ROTH, C.P.A.  
PETER F. JONAS, C.P.A.  
RICKEY I. MITTELBERG, C.P.A.  
JOHN C. HARTNEY, C.P.A.  
ERIC LEVY, C.P.A.

October 26, 2004

Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314-6198

Re: Melvin D. Ross, M.D., P.A.  
Document #680452  
EIN #59-2017092

Dear Sir or Madam:

We are the certified public accountants for the above referenced corporation, and they have requested that we write you this letter.

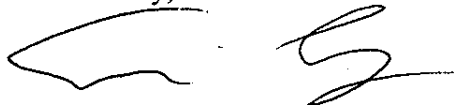
Please be aware that the corporation received a notice of dissolution or revocation in the mail. Please also be aware that the original notice for filing the annual report was never received. In fact, the only notice that was received by the corporation from the Florida Department of State was the notice of dissolution or revocation.

In the past, the company had always filed their annual reports on time. Unfortunately, since the original annual report notification was never received, the officer of the corporation failed to make the \$150.00 payment on time.

Enclosed please find check #4648 made payable to the State of Florida for \$150.00. We respectfully request that you reinstate the corporation to active status and accept the \$150.00 as payment for the corporations 2004 annual report.

We thank you very much for your consideration. If you have any questions, or need any additional information, please do not hesitate to contact our office.

Sincerely,



Eric Levy, CPA

Enclosure

cc: Dr. Melvin Ross