

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC 31 PM 4:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 682875

1. Corporation Name

MORTON E. FREIMAN, M.D., P.A.

Principal Place of Business

Mailing Address

1 N.E. 168TH ST.
 N MIAMI BEACH FL 33162

1 N.E. 168TH ST.
 N MIAMI BEACH FL 33162



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/23/1980	
City & State		City & State		5. FEI Number	
Zip		Country		59-2028775	
				Applied For	
				Not Applicable	
				6. 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	FREIMAN, MORTON E	1340 NE 174TH STREET	NORTH MIAMI BEACH FL 33162
			000002730960--8 -01/05/99--01086--013 ***150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FREIMAN, MORTON E
 1340 NE 174TH STREET
 NORTH MIAMI BEACH FL 33162

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 *Morton E. Freiman* **SIGNATURE REQUIRED** Date 12/28/98
 REGISTERED AGENT MUST SIGN

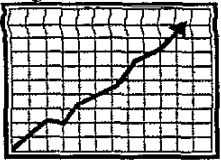
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: *Morton E. Freiman* **SIGNATURE REQUIRED** Date 12/28/98 (305) Daytime Phone # 651-0909
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MORTON E. FREIMAN

CR2E040 (9/98)



SHELDON D. GITTLESON, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

2650 Northeast 189 Street
Aventura, Florida 33180
Dade (305) 931-9844
Broward (954) 522-1199
Fax (305) 931-9312

December 28, 1998

Dept. of State
Division of Corporations
409 East Gaines St.
Tallahassee, Florida 32399

Re: Document No. 682875
Fed. I.D. No. 59-2028775
Morton E. Freiman M.D. P.A.

Dear Sir:

Our office has been instructed to respond to your recent correspondence. The above taxpayer never received the corporate report forms for 1998. There was no intention not to file the report or to dissolve the corporation for 1998. Please find enclosed a completed report and a check for \$150. In addition, the corporation has always filed all state reports and returns on a timely basis.

Due to the aforementioned, please abate any late filing fees and waive the reinstatement fee.

Thanking you in advance for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Sheldon Gittleson".

Sheldon Gittleson CPA