

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

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1997 NOV -3 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G86555

1. Corporation Name

ROBERT N. ALBECK CRNA, P.A.

Principal Place of Business

711 SW 15TH STREET
BOCA RATON FL 33486
US

Mailing Address

711 SW 15TH ST
BOCA RATON FL 33486
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. Now Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/28/1984

5. FEI Number

59-2376685

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDV	ALBECK, ROBERT N.	400 S.W. 6TH AVE.	BOCA RATON FL
			200002337252--5 -11/04/97--01025--025 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

ALBECK, ROBERT N.
711 SW 15TH STREET
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/29/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT N. ALBECK 10/29/97 561-936-9741

Date

Daytime Phone #

CR2E040 (8/97)

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Robert N. Albeck CRNA
5515 N Military Trail #805
Boca Raton, Florida 33496
October 29, 1997

Florida Dept. Of State
Division of Corporations
Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314

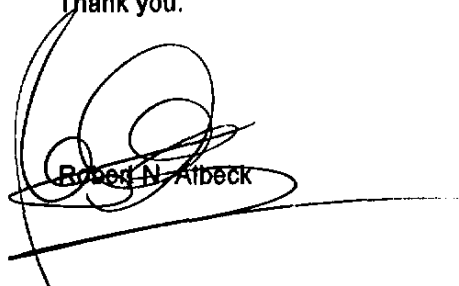
To WHom It May Concern,

I today received notice of dissolution of my corporation Document # G86555.

I did not receive notice that this was going to happen. I'm really not certain but maybe there was a problem with the mail as I am separated from my wife and my mail is being forwarded.

I am enclosing a check for \$165.00 as instructed by the person on your phone.

Thank you.



Robert N. Albeck