

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K 55064 1. Corporation Name Michael L. Weinberger, M.D., P.A.			
2. Principal Office Address 5507 So. Congress		3. Mailing Office Address same	
Suite, Apt. #, etc. Ste. 120		Suite, Apt. #, etc.	
City & State Atlantis		City & State	
Zip 33462	Country USA	Zip	Country

FILED
03 DEC 17 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-03

4. Date Incorporated or Qualified To Do Business in Florida 12-30-1988	
5. FEI Number 65-0087628	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Michael L. Weinberger, MD	
Street Address (P.O. Box Number is Not Acceptable) 5507 South Congress	
Suite, Apt. #, Etc. Ste. 120	
City Atlantis	State Zip Code FL 33462

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: *Michael Weinberger* Date: 11/20/03

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 Officers and/or Director	City/State/Zip
D	Michael L. Weinberger	5507 So. Congress Ste 120	Atlantis, FL 33462

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)(g), 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: *Michael Weinberger* Date: 11/20/03 Telephone # 850-433-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 2, 2003

MICHAEL L. WEINBERGER, M.D., P.A.
5507 S CONGRESS STE 120
ATLANTIS, FL 33462 US

SUBJECT: MICHAEL L. WEINBERGER, M.D., P.A.
Ref. Number: K55064

We have received your document for MICHAEL L. WEINBERGER, M.D., P.A. and your check(s) totaling \$600.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order for our office to consider the request for waiver of the late fees, or penalties, the corporation must state the year the uniform business reports/corporate annual reports were not received.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 003A00064712

** 12-15-03-
We are unsure of the last
date we actually received a
renewal application. However, we must
assume that it was 1999 since we
were made inactive in Sept. 2000.
Your understanding is appreciated.*

MICHAEL L. WEINBERGER, M.D., P.A.

THORACIC AND CARDIOVASCULAR SURGERY

5507 S. CONGRESS AVENUE, SUITE 120

ATLANTIS, FLORIDA 33462

561-433-2300

FAX 561-433-0509

November 20, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: CORPORATION DOCUMENT #K55064

To Whom it May Concern:

~~I am making reapplication for corporation status with the~~
State of Florida. I was completely unaware that my
corporation had become inactive as of September 22, 2000.
This was only brought to my attention through an audit
by our workmans compensation insurance. Upon contacting
the Florida Department of State by telephone, I was informed
of the inactive status and also of incorrect mailing
address for my business, which may have been the cause of
not receiving a renewal application. Please waive any
penalty fees and accept my renewal application as stated.
A check for the reinstatement fee is enclosed. I will
anxiously await your decision.

Sincerely,


Michael L. Weinberger, M.D.

MLW:pc