

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -8 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K64414

1. Corporation Name

MARC S. FLESCHER, O.D., P.A.

Principal Place of Business

Mailing Address

C/O MARC S. FLESCHER O.D.
2216 N. CONGRESS AVE.
BOYNTON BCH. FL 33426
US

2211 N. CONGRESS AVE
BOYNTON BEACH FL 33426
US

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



REINSTATEMENT 2001

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/09/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0098246

Applied For

City & State

City & State

Not Applicable

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
DP	FLESCHER, MARC S.	2216 N. CONGRESS AVE	BOYNTON BEACH FL
			200004703542--1 -12/04/01--01025--007 ****750.00 ****750.00
			FILE

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FLESCHER, MARC S~~
2216 N. CONGRESS AVE
STE 36
BOYNTON FL 33426

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11/5/01

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/01 577 938-0111

Daytime Phone #

CR2E040 (8/01)