

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L55547

1. Corporation Name

ROBERT J. SCHWARZBERG, M.D., P.A.

Principal Place of Business

Mailing Address

C/O ROBERT J. SCHWARZBERG M. D. PA
2300 GLADES RD EAST TOWER. STE 201
BOCA RATON FL 33431
US

C/O ROBERT J. SCHWARZBERG M.D. PA
2300 GLADES RD EAST TOWER STE 201
BOCA RATON FL 33431
US

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

REINSTATEMENT 03



600024197726
10/28/03--01023--025 **150.00

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/07/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0175349

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
P	SCHWARZBERG, ROBERT J	17205 COURTLAND	BOCA RATON FL

8. Name and Address of Current Registered Agent

SCHWARZBERG, ROBERT J.
7116 QUEEN TERRY CIRCLE
BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name Robert Schwarzberg
Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES RD Suite 201E
Suite, Apt. #, Etc.
City Boca Raton State FL Zip Code 33431

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. or 617.0505, F.S.

Signature of Registered Agent

Robert Schwarzberg

REGISTERED AGENT MUST SIGN

Date

10/21/03

11. I certify that I am an officer or director or the receiver or trustee or 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:

Robert Schwarzberg ROBERT SCHWARZBERG President 561 392 1408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/21/03 Daytime Phone #

CR2E040 (7/03)

JEFFREY B. HAHN
CERTIFIED PUBLIC ACCOUNTANT, P.A.
1515 NORTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FLORIDA 33432

NEW YORK OFFICE:
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(631) 462-1779

TELEPHONE
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FACSIMILE
(561) 394-5805

October 24, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fla. 32314-6327

Dear Sir or Madam:

I am the CPA for Dr. Robert Schwarzberg. Enclosed is the application for reinstatement of his corporation. Dr. Schwarzberg has been in business for almost 15 years and always pays his taxes and license fees on a timely basis. His office did not receive the original notice for the annual report in 2003. Enclosed please find the application and a check for \$150. Based on this information, and the fact that he has always paid his taxes on a timely basis in previous years, we respectfully request waiving of the penalty.

Thank you very much for your consideration.

Very truly yours,


Jeffrey Hahn, CPA