

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 1 PM 4:15

DOCUMENT # L66252

1. Corporation Name

FISHMAN AND STASHAK, M.D.'S, P.A.

Principal Place of Business

1411 N FLAGLER DR  
STE 8800  
W. PALM BEACH FL 33401  
US

Mailing Address

1411 N FLAGLER DR  
STE 8800  
W. PALM BEACH FL 33401  
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. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/16/1990

5. FEI Number

65-0028981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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
<del>D</del>	<del>FISHMAN, ERIC S.</del>	<del>1456 BREAKERS W. BLVD. 143 Clarendon Ave.</del>	<del>W. PALM BCH FL</del>
<del>D</del>	<del>STASHAK, GERALD T.</del>	<del>143 POINT CIRCLE</del>	<del>TEQUESTA FL</del>
D	Fishman, Eric S.	143 Clarendon Ave.	Palm Bch, FL
D	Stashak, Gerald T.	143 Point Circle	Tequesta, FL

8. Name and Address of Current Registered Agent

FISHMAN, ERIC S.  
1411 N FLAGLER DR STE 8800  
W. PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
400003038534--4  
Suite, Apt. #, Etc.  
-11/08/99--01116--005  
City  
\*\*\*750.00 \*\*\*750.00  
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 10-13-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-99

561-659-9000

AD

CR22040 (8/99)