

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

728-0002

APPROVED AND FILED

P.02

AUDIT NUMBER H97000016370

777 OCT -2 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1997 OCT -2 AM 11:50

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L71284

1 Corporation Name  
MARC D. SHAPIRO, M.D., P.A.

Principal Place of Business Mailing Address  
c/o Cindie L. Henf CPA c/o Cindie L. Henf CPA  
Post Office Box 780516 Post Office Box 780516  
Sebastian, FL 32978 Sebastian, FL 32978

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

2 New Principal Office Address, if Applicable 3 New Mailing Office Address, if Applicable  
27 E. Hibiscus Blvd. 27 E. Hibiscus Blvd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4 Date Incorporated or Qualified To Do Business in Florida 05/07/1990

5 FID Number 59-3003717 Applied for Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status.

City & State Zip County  
Melbourne, FL 32901 Melbourne, FL 32901  
32901 USA 32901 USA

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1        | 2                               | 3   | 4                   |
|----------|---------------------------------|---|---------------------|
| Title(s) | Name of Officer and/or Director | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip  |
| PSD      | Marc D. Shapiro, M.D.           | 609 Atlantic Street   | Melbourne Beach, FL |
|          |                                 |   |                     |
|          |                                 |   |                     |

REINSTATEMENT '96-97  
SCC 10-2-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Cindie L. Henf  
5240 Babeck St. NE  
Palm Bay, FL 32905 US

Name John R. Kancilia, Esq.  
Street Address (P.O. Box Number is Not Acceptable) 1686 W. Hibiscus Blvd.  
Suite, Apt. #, Etc.  
City Melbourne State Zip Code FL 32901

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 10-2-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other rules 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)(j), 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:

Marc D. Shapiro, M.D., Director (407)952-7300  
Signature and Typed or Printed Name of Signing Officer or Director Date Day/Month/Year  
October, 1997

10/02/97

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

8:53 AM

((H97000016370 3))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000  
FROM: O'BRIEN, RIEMENSCHNEIDER, KANCILIA & LEMONID ACCT#: 105204000476  
CONTACT: JAMES M O'BRIEN  
PHONE: (407)728-2800 FAX #: (407)728-0002

NAME: MARC D. SHAPIRO, M.D., P.A.  
AUDIT NUMBER.....H97000016370  
DOC TYPE.....CORPORATION REINSTATEMENT  
CERT. OF STATUS..0 PAGES..... 1  
CERT. COPIES.....0 DEL.METHOD.. FAX  
EST.CHARGE.. \$915.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX  
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

10/2