

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 12 AM 8:00

DOCUMENT # L88158

1. Corporation Name

Elisha Medical Specialties, Inc.

9850 SANDAL FOOT BLVD.

2. Principal Office Address

9850 SANDAL FOOT BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

#155

City & State

Boca Raton, FL

Zip

33928

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

97-04
MRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/18/1990

5. FEI Number

650211668

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Adam Z. Elisha

Street Address (P.O. Box Number is Not Acceptable)

9850 SANDAL FOOT BLVD,

Suite, Apt. #, Etc.

#155

City

Boca Raton

State

FL

Zip Code

33928

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Adam Elisha

Date June - 15 - 2004

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 Officer and/or Director	City / State / Zip
PSTD	Adam Z. Elisha	9850 SANDAL FOOT BLVD, 155	Boca Raton, FL 33487

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)(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:

Adam Elisha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June - 15 - 20

Date

561-289-9537

Daytime Phone #

CR2E081 (01/04)