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 23 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05714

1. Corporation Name

GARBER & SHEMESH, M.D., P.A.

Principal Place of Business	Mailing Address
% HARVEY I. GARBER, M.D. 5210 LINTON BLVD., SUITE 306 DELRAY BEACH FL 33484-6571	% HARVEY I. GARBER, M.D. 5210 LINTON BLVD., SUITE 306 DELRAY BEACH FL 33484-6571

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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/26/1984

5. FEI Number: 59-2445855 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	GARBER, HARVEY I. (M.D.)	5210 LINTON BLVD. S-306	DELRAY BCH FL
D	SHEMESH, ELIYAHU M	5210 LINTON BLVD STE 306	DELRAY BCH FL 33484

900002405364 9
10/23/03--01073--008 **150.00

8. Name and Address of Current Registered Agent

GARBER, HARVEY I.
5210 LINTON BLVD.
SUITE 306
DELRAY BEACH FL 33445

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (7/03)

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 (X) Harvey I. Garber — Date 10/19/03
REGISTERED AGENT MUST SIGN

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: (X) Harvey I. Garber — 10/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GARBER & SHEMESH, M.D., P.A
5210 LINTON BLVD. SUITE 306
DELRAY BEACH, FLORIDA 33484

October 14, 2003

Ms.Glenda E. Hood
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: MO5714

Dear Ms. Hood:

We received a Notice of Administrative Dissolution for our corporation. We did not willfully neglect to file the report and certainly did not intend to have the corporation dissolved. We never received the original Uniform Business Tax form. Historically, we have always filed and paid this tax prior to the May 1 deadline.

We respectfully request that you reinstate the corporation and waive the additional fees to reinstate the corporation. Enclosed is our check for $150 and a signed application for reinstatement.

Sincerely,

Garber & Shemesh, M.D., P.A.

Harvey I. Garber, MD

Encl.