PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

97-99

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
99 FEB 17 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-990 2/17/99

DO NOT WRITE IN THIS SPACE

DOCUMENT # M12854

1. Corporation Name

Mark Libow, M.D., P.A.

Mailing Address | Principal Place of Business

4085 Georges Way
Boca Raton, FL 33434-5349

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

2. New Mailing Address, If Applicable: 3841 N.W. 53rd Street
Suite, Apt #, etc:
City & State: Boca Raton, FL
Zip: 33496 Country: USA

3. New Principal Office Address, If Applicable: 3841 N.W. 53rd Street
Suite, Apt #, etc:
City & State: Boca Raton, FL
Zip: 33496 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/19/85

5. FEI Number: 59-2577571 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.)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City State Zip
D,P,S,T	Libow, Mark M.D.	3841 N.W. 53rd Street	Boca Raton, FL 33496

2000002781002--5
-02/19/99--01078--016
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Libow, Mark M.D.
3841 N.W. 53rd Street
Boca Raton, FL 33496

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 (6/94)

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: Mark Libow
Libow, Mark M.D. REGISTERED AGENT MUST SIGN
Date: 2/11/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [ ] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: M Libow MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Libow, Mark M.D., Director

Date: 2/11/99 Daytime Phone #: 561-496-1228