

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -2 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117465

1. Corporation Name

PAIN INSTITUTE OF PALM BEACH INC.

500009293285
12/04/03--01034--010 **150.00

2. Principal Office Address

205 JFK DRIVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTIS, FL

City & State

Zip

33462

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-2000

5. FEI Number

65-1065755

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

MORRIS SHLAMOWITZ MD

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

205 JFK DRIVE

500009293285

Suite, Apt. #, Etc.

City

ATLANTIS FL 33462

State

FL

Zip Code

33462

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

REGISTERED AGENT MUST SIGN

Date 11/26/03

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
PRES	MORRIS SHLAMOWITZ	205 JFK DRIVE	ATLANTIS, FL 33462
SEC	JOAN SHLAMOWITZ	205 JFK DRIVE	ATLANTIS, FL 33462

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORRIS SHLAMOWITZ

Date

11/26/03

Daytime Phone #

561
432-5888

CR2E081 (10/02)

Pain Institute of Palm Beach, Inc.
Morris Shlamowitz, M.D.
205 JFK Drive
Atlantis, FL 33462

561-432-5888
Fax-561-432-5599

November 26, 2003

Dear Katrina,

Thank you for taking my call today to discuss the Uniform Business Report issue.

As discussed, the address that the report was sent to was my previous office address which I had used for the past six years. When I transferred over in late 2001 the majority of my mail was forwarded as was expected however last week I was given a "box" of leftover mail from the previous office to review. The majority of this mail was throwaway however there were some important letters including the Uniform Business Report.

As discussed, enclosed please find a check in the amount of \$150.00 along with the reinstatement form.

Again thank you for taking the time to correct this issue.

Sincerely,


Morris Shlamowitz, M.D.