


(H06000267241)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 NOV -2 PM 4:20

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000093643			
1. Corporation Name ERIC D. MOSKOW, M.D., P.A.			
2. Principal Office Address 2825 North State Road 7		3. Mailing Office Address 2825 North State Road 7	
Suite, Apt. #, etc. #204		Suite, Apt. #, etc. #204	
City & State Margate, FL		City & State Margate, FL	
Zip 33063	Country USA	Zip 33063	Country USA

REINSTATEMENT 04-06
 CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	09/25/2001
5. FEI NUMBER	730067445
Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Paul A. Shelowitz, Esq.

Physical Address (P.O. Box Number is Not Acceptable)
One Southeast Third Avenue


Suite, Apt. #, Etc.
28th Floor

City
Miami

State
FL

Zip Code
33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0606 or 617.0503, F.S.

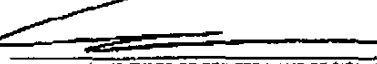
Signature of Registered Agent  Paul A. Shelowitz Date 11/1/06

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
P	MOSKOW, ERIC D., M.D.	2825 North State Road 7, Ste. 204	Margate, Florida 33063

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 contained in Chapter 119, 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:  Eric D. Moskow, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(H06000267241)

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000267241 3)))



H060002672413ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0384
From: *Greg P. Jacobs, Principal*
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

ERIC D. MOSKOW, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00

44062-189808

Electronic Filing Menu

Corporate Filing Menu

Help