

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 17 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000094218

1. Corporation Name

MARIO STEFAN, M.D., P.A.

WOS-23974

2. Principal Office Address

17136 NEWPORT CLUB DRIVE

3. Mailing Office Address

17136 NEWPORT CLUB DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33496 - 3009

Country

PALM BEACH

Zip

33496 3009

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

9/23/01

5. FEI Number

65 11 39 555

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

MARIO STEFAN, M. D.

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

17136 NEWPORT CLUB DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code
33496

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

Same below

Date

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
PST	MARIO STEFAN, M. D.	17136 NEWPORT CLUB DRIVE	BOCA RATON, FL 33498

200056438772
06/22/05--01023--012 **600.00

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

Date

Daytime Phone #

4/29/05 561-843-3852

CR2E061 (01/05)

202

MARIO STEFAN, M.D., P.A.
17136 NEWPORT CLUB DRIVE
BOCA RATON, FLORIDA 33498
561-999-9138

VIA PRIORITY MAIL

April 28, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of MARIO STEFAN, M.D., P.A.
P01000094218

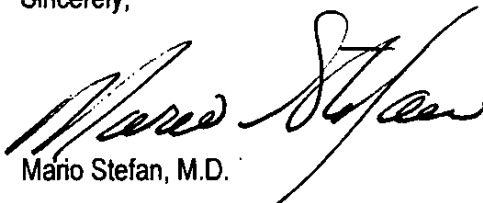
Dear Sir or Madam:

This letter is written to request a waiver of the reinstatement fee of \$600.00. This request is being submitted on the grounds that notices were not received. In 2002, we underwent a move and our mail was being forwarded to our old address in error by the post office. Additionally, I was not aware that I needed to update my information annually. These are the underlying reasons for the request of a waiver of the reinstatement fees.

Additionally, I am enclosing the Corporate Reinstatement Application. Along with a check in the amount of \$600.00 as payment for years 2002, 2003, 2004 and the current year 2005 in order to reinstate the corporation Mario Stefan, M.D., P.A.

I thank you for your attention to this matter.

Sincerely,


Mario Stefan, M.D.