

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP -3 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000027560

1. Corporation Name

ELLEN LEBOW BRAUN, D.O., P.A.

Principal Place of Business

Mailing Address

21110 BISCAYNE BOULEVARD  
SUITE 312  
MIAMI FL 33180

21110 BISCAYNE BOULEVARD  
SUITE 312  
MIAMI FL 33180

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

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

REINSTATEMENT

03-04



000030729800  
03/18/04--01055--016 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

03/12/2002

5. FEI Number

30-0092888

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
D	BRAUN, ELLEN LEBOW	21110 BISCAYNE BOULEVARD, SUITE	MIAMI FL 33180

000030729800  
09/13/04--01062--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRUDA, LESTER  
20764 WEST DIXIE HIGHWAY  
AVENTURA FL 33180

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

3/1/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/04

Daytime Phone #

305-931-9844

CR2E040 (7/03)

# AG ASSOCIATES

Certified Public Accountants and Consultants

+ x = \$ + x = \$ + x = \$

04 SEP -3 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Clifford B. Ain, C.P.A.  
Lester A. Gruda, C.P.A.

March 12, 2004

Department of State  
Attn: Reinstatement Section  
Post Office Box 6327  
Tallahassee, FL 32314

**Re: Ellen Lebow Braun, D.O., P.A.**  
**Document#: P02000027560**

To Whom It May Concern:

We are writing on behalf of our above referenced client to respectfully request that the \$400 penalty for late filing and the \$600 Reinstatement Fee be abated, as our client did not receive the initial mailing. We have completed both the 2003 Uniform Business Report as well as the Application for Reinstatement. We are also enclosing a check in the amount of \$150.

Thank you in advance for your consideration.

Very truly yours,

  
Lester A. Gruda, C.P.A.

LAG/mp  
Enclosures

cc: Ellen Lebow Braun, D.O., P.A.