

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 29 PM 4:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000062962**

1. Corporation Name

MARY IZRAILOV, P.A.

Principal Place of Business

Mailing Address

1860 PAINTED BUNTING CIRCLE
PALM HARBOR FL 34683

1860 PAINTED BUNTING CIRCLE
PALM HARBOR FL 34683

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

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	4 City / State / Zip
Pres.	MARY IZRAILOV	2273 SE 14th Street	Pompano Beach FL 33062

800024252078
10/23/03--01047--005 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HILKERT, DOUGLAS L.
2557 NURSERY ROAD
SUITE A
CLEARWATER FL 33764

Name

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

Suite, Apt. #, Etc.

City

State

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

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

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

Daytime Phone #

CR2E040 (7/03)

October 24, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern,

I would like to bring to your attention that I have not received the corporation annual report/uniform business report for the year 2003. Please accept this letter, my check for \$150.00 and the application for reinstatement and reinstate the status of my corporation - Mary Izrailov, P. A. I also included additional \$8.75 to receive the certificate of status.

I also would like to notify you of my address change:

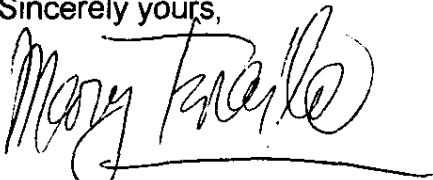
My new address is: Mary Izrailov, P.A.

2273 SE 14th Street
Pompano Beach, FL 33062
(954) 783-9393 - Phone
(954) 783-4213 - Fax
maryi@relomax.com -E-mail

Please send all correspondence to the new address.

Thank you for your help in advance.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mary Izrailov", with a long horizontal flourish extending to the right.

Mary Izrailov