

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 10:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000113722**

1. Corporation Name

DAVID I. LUBETKIN, MD PA

REINSTATEMENT 03

2. Principal Office Address

660 GLADES RD

Suite, Apt. #, etc.

SUITE 420

City & State

BOCA RATON, FL

Zip

33431

Country

USA

3. Mailing Office Address

660 GLADES RD

Suite, Apt. #, etc.

SUITE 420

City & State

BOCA RATON, FL

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/03

5. FEI Number

05-0545888

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

IGN M. Beckowitz, Esq.

200023771152

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

2600 North Military Trail

Suite, Apt. #, Etc.

Suite 270

City

Boca Raton

State

FL

Zip Code

33431

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

IGN M. Beckowitz
REGISTERED AGENT MUST SIGN

Date

9/29/03

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
PRESIDENT	DAVID I. LUBETKIN	660 GLADES RD SUITE 420	BOCA RATON, FL 33431
		660 GLADES RD SUITE 420	

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:

IGN M. Beckowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/03 **561-416-0103**

Date

Daytime Phone #

CR2E081 (10/02)

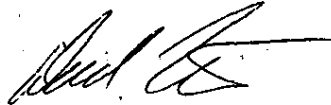
STEVEN BIRNBACH, M.D., F.A.C.O.G.
DAVID I. LUBETKIN, M.D., F.A.C.O.G.
OBSTETRICS • GYNECOLOGY • INFERTILITY

October 9, 2003

To Whom It May Concern:

Enclosed please find my request to re-instate my corporation and Federal Tax ID Number (05-0545888). I did not receive any type of document in the mail notifying me of the need to file a report. Additionally, because this is my first year in business, I was not aware that a form needed to be filed. I am therefore requesting a waiver for the re-instatement fee. Enclosed please find a check for \$150 to cover my annual filing fee. I am, of course, now aware of the need to file a report and you can anticipate a timely filing for me in 2004.

Sincerely,



David I. Lubetkin, M.D., F.A.C.O.G.

660 GLADES ROAD, SUITE 420
BOCA RATON, FL 33431
TELEPHONE (561) 416-0103
FAX (561) 416-9896