

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P02000115218

1. Corporation Name

EYAL MEIRI, M.D., P.A.

Principal Place of Business

Mailing Address

~~115 S.E. 4TH STREET  
BOYNTON BEACH FL 33435~~

2828 S. Seacrest Blvd  
Suite 209  
Boynton Beach FL 33435

~~115 S.E. 4TH STREET  
BOYNTON BEACH FL 33435~~

3245 Harrington Dr.  
Boca Raton, FL 33496

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

2. New Principal Office Address, If Applicable

2828 S. Seacrest Blvd.

Suite, Apt. #, etc.

Suite, 209

City & State

Boynton Beach, FL

Zip

33435

Country

3. New Mailing Office Address, If Applicable

~~3245 Harrington Dr~~

Suite, Apt. #, etc.

Suite, 209

City & State

Boca Raton, FL

Zip

33496

Country

FILED  
03 NOV -7 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 83



200024497162

11/07/03--01001--019 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/2002

5. FEI Number

32-0038380

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, P	MEIRI, EYAL	3245 HARRINGTON DRIVE	BOCA RATON FL 33496

8. Name and Address of Current Registered Agent

THIRER, MARTIN

~~1475 WEST CYPRESS CREEK ROAD STE 204~~ 1000 N.W. 65<sup>TH</sup> ST.  
FT LAUDERDALE FL 33309 WHITE 200

9. Name and Address of New Registered Agent

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

*Martin Thirer*

REGISTERED AGENT MUST SIGN

Date X 10/28/03

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

*Eyal Meiri* EYAL MEIRI M

Date

10/29/03

Daytime Phone #

(561) 7403377

CR2E040 (7/03)

***Eyal Meiri, M.D., P.A.***  
***2828 S. Seacrest Blvd., Suite 209***  
***Boynton Beach, FL 33435***

October 24, 2003

State of Florida  
Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

Document #P02000115218

Gentlemen:

Enclosed is a completed Application for Reinstatement for the above referenced corporation.

Please be advised that I did not receive the two prior Uniform Business Reports. Consequently, I respectfully request that the reinstatement fee be abated and the annual report fee of \$150.00 be accepted as full payment for the reinstatement.

Sincerely,



Dr. Eyal Meiri

Enclosures