

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 NOV -7 AM 10:42

DOCUMENT # **P02000115218**

1. Corporation Name

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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 83

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

~~115 S.E. 4TH STREET  
 BOYNTON BEACH FL 33435~~  
**3245 Harrington Dr.  
 Boca Raton, FL 33496**



200024497162  
 11/07/03--01001--019 \*\*150.00

2. New Principal Office Address, If Applicable

**2828 S. Seacrest Blvd.**

Suite, Apt. #, etc.  
**Suite, 209**

City & State  
**Boynton Beach, FL**

Zip Country  
**33435**

3. New Mailing Office Address, If Applicable

**3245 Harrington Dr**

Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

Zip Country  
**33496**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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 Zip Code  
**FL**

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  **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:

*Eyal Meiri* **EYAL MEIRI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/29/03 (561) 7403377**  
 Date Daytime Phone #

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