

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 26 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000112898

1. Corporation Name

Dr. mark Schwartz, PA
815 SE 1st Ave
Hallandale, FL 33009-7102

2. Principal Office Address - No P.O. Box #

815 SE 1st Ave
Suite, Apt. #, etc.

3. Mailing Office Address

815 SE 1st Ave
Suite, Apt. #, etc.

City & State

Hallandale, FL

City & State

Hallandale, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/04

5. FEI Number

37-1476779

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 07

7. Name and Address of Current Registered Agent

Name Dr mark Schwartz

Street Address (P.O. Box Number is Not Acceptable)
815 SE 1st Ave

Suite, Apt. #, Etc.

City Hallandale

State FL

Zip Code 33009

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Dr. Mark Schwartz
REGISTERED AGENT MUST SIGN

Date 11/20/07

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
D	Mark Schwartz	815 SE 1st Ave	Hallandale, FL 33009
V	Brett Greenwald	815 SE 1st Ave	Hallandale, FL 33009
I	Michael Greenwald	815 SE 1st Ave	Hallandale, FL 33009

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 contained in Chapter 119, 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:

Dr. Mark Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/07

Date

954-455-1668

Daytime Phone #

11/29/07