

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED
 96 NOV 13 PM 12:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000098**

1. Corporation Name
ERIC M. BUSCH, M.D., P.A.

Principal Place of Business 1749 VESTAL WAY CORAL SPRINGS FL 33071	Mailing Address 1749 VESTAL WAY CORAL SPRINGS FL 33071
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REINSTATEMENT 96 00

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 12/31/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0378008	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	BUSCH, ERIC M	1749 VESTAL WAY	CORAL SPRINGS FL 33071

000002007330--0
 -11/19/96--01008--015
 ****375.00 ****375.00

8. Name and Address of Current Registered Agent BUSCH, ERIC M 1749 VESTAL WAY CORAL SPRINGS FL 33071		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.
 Signature of Registered Agent: **SIGNATURE REQUIRED** Date: **10-89**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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 REQUIRED** Date: **10-89** Daytime Phone #: **954 385-5414**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2300 (7/95)