PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 25 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010195

REINSTATEMENT 00-06

CR2E081 (8/05)

03-05-04 900160429 $150.00

1. Corporation Name
Harold P. Schwarz, M.D., P.A.

2. Principal Office Address	3. Mailing Office Address
2617 N. Flagler Drive	2617 N. Flagler Dr.
Suite, Apt. #, etc. Suite 302	Suite, Apt. #, etc. Suite 302
City & State W. Palm Bch., Fl.	City & State W. Palm Bch., Fl.
Zip 33407 Country USA	Zip 33407 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/31/1994

5. FEI Number ☐ 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: Robert Brody

Street Address (P.O. Box Number is Not Acceptable): 1601 forum Pl.

Suite, Apt. #, Etc.: #1101

City: W. Palm Beach State: FL Zip Code: 33401

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02/10/06--01022--003 **9[illegible]8.75

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: Robt Brody Date: 11/21/05
REGISTERED AGENT MUST SIGN

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
P	Harold P. Schwarz	2617 N. Flagler Dr.	W. Palm Bch., Fl. 33407
T/S	Claranne Berg	2617 N. Flagler Dr.	W. Palm Bch., Fl. 33407

JP 1/20

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: H.P. Schwarz Harold P. Schwarz 11/20/2005 (561) 659-7212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HAROLD P. SCHWARZ, M.D., P.A.
2617 NORTH FLAGLER DRIVE
SUITE 302
WEST PALM BEACH, FLORIDA 33407

TELEPHONE: (561) 659-7212
FAX: (561) 655-0420

Dept. of State
Div. of Corporations
P.O. Box 6327
Tallahassee, fl. 32314

20 Nov. 2005

To whom it may Concern,

Enclosed is my completed Corporation Reinstatement form. Apparently, my address was recorded incorrectly in your office and yearly forms were not received by me. My address has always been: 2617 N. Flagler Drive, Suite 302, W. Palm Bch., fl. 33407.

I was informed by your office that because of the mailing address error the $600.** reinstatement fee is waived. I am enclosing my check in the amount of $900.**.

Sincerely,

H.P. Schwarz