


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 17 AM 8:47

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027670

1. Corporation Name
Bruce M. Fischer, D.C., P.A.

800078983908
08/22/06--01019--007 **1200.00

REINSTATEMENT 99-06

CR2E081 (12/05)

2. Principal Office Address 851 Meadows Rd.		3. Mailing Office Address 851 Meadows Rd.	
Suite, Apt. #, etc. 213		Suite, Apt. #, etc. 213	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33486	Country USA	Zip 33486	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **4/12/94**

5. FEI Number **65-0483585** 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 **Bruce M. Fischer**

Street Address (P.O. Box Number is Not Acceptable)
851 Meadows Rd.

Suite, Apt. #, Etc.
213

City **Boca Raton** State **FL** Zip Code **33486**

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.

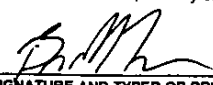
Signature of Registered Agent _____ Date _____

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
Pres	Bruce M. Fischer	851 Meadows Rd, #213	Boca Raton, FL 33486

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:  **Bruce M. Fischer** Date **8/15/06** Daytime Phone # **561 392-1333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Gerstle, Rosen & Goldenberg, P.A.

Certified Public Accountants

Mark R. Gerstle, C.P.A.

Robert N. Rosen, C.P.A.

Brian K. Goldenberg, Partner

August 9, 2006

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Reinstatement Division

To Whom It May Concern:

Pursuant to my telephone conversation with Mr. Tyrone Scott of your department, I have enclosed a completed corporation reinstatement form for our client Bruce M. Fischer, D.C., P.A. Also enclosed is his check for \$1,200 required for the annual report fee for the years 1999-2006.

We request that you waive all late fees because he never received any notices from your department regarding the administrative dissolution of his corporation or any other matters. The address your department has on file for my client is incorrect. It is not 875 Meadows Road, Suite 314, Boca Raton, Florida, 33486. It is 851 Meadows Road, Suite 213, Boca Raton, FL, 33486, as is reflected on the corporation reinstatement form.

Thank you very much for your consideration in this matter.

Sincerely,

Robert N. Rosen
President

One Turnberry Place
19495 Biscayne Blvd
Suite 705
Aventura, Florida 33180
Phone 305 937 0116
Fax 305 937 0188

The Porticos
3835 N.W. Boca Raton Blvd
Suite 100
Boca Raton, Florida 33431
Phone 561 447 4000
Fax 561 447 4004

5100 Tamiami Trail North
Suite 103
Naples, Florida 34103
Phone 239 262 1773
Fax 239 263 0166