

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000017872			
1. Corporation Name ATILLA EAGLEMAN, M.D., P.A.			
Principal Place of Business 2501 S. SEACREST BLVD. BOYNTON BEACH FL 33435		Mailing Address 2501 S. SEACREST BLVD. BOYNTON BEACH FL 33435	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		03/01/1995	
5. FEI Number		65-0560296	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	EAGLEMAN, ATILLA M.D.	2501 S. SEACREST BLVD.	BOYNTON BEACH FL 33435
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
EAGLEMAN, ATILLA 2501 S. SEACREST BLVD. BOYNTON BEACH FL 33435		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		Date 10/21/01	
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: ATILLA EAGLEMAN, M.D. 2501 S. SEACREST BLVD. BOYNTON BEACH, FL 33435 10-21-01		10-21-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 26 AM 11:20



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****150.00 ****150.00

[Handwritten signature]

CR20040 (8/01)

*Atilla Eagleman, M.D.
Obstetrics, Gynecology & Infertility
Board Certified*

2501 South Seacrest Boulevard
All Glass Professional Building
Boynton Beach, Florida 33435

office (561) 738-5808
fax (561) 738-6129

October 23, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

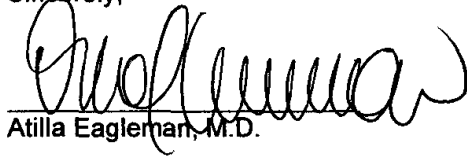
Dear Sir:

I have not received my notice for reinstatement and would like to continue my business.

Enclosed is a check for \$150.00.

Thank you very much for your co-operation.

Sincerely,



Atilla Eagleman, M.D.