

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 30 AM 11:14

DOCUMENT # **P96000049726**

1. Corporation Name
ANDREW D. WEISS M.D. P.A.

Principal Place of Business 4915 S CONGRESS AVE SUITE C LAKE WORTH FL 33461 US	Mailing Address 6 CYPRESS COVE PALM BEACH GARDENS FL 33418
--	--



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.


2. New Principal Office Address, If Applicable 603 VILLAGE BLVD SUITE, Apt. #, etc. 304 WEST PALM BEACH FL City & State Zip 33409 Country USA	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 06/11/1996
5. FEI Number 65-0673867		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		SP 15 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	WEISS, ANDREW D	6 CYPRESS COVE	PALM BEACH GARDENS FL 33418

100003070111--3
12/14/99--01097--023
***758.75 ***758.75

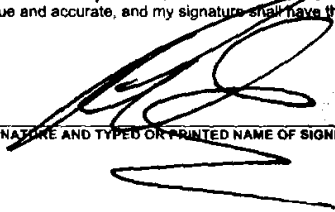
8. Name and Address of Current Registered Agent ROSILLO, ROBERT A 501 SEA OATS DR #A-1 JUNO BEACH FL 33408	9. Name and Address of New Registered Agent Name ANDREW WEISS MD Street Address (P.O. Box Number is Not Acceptable) 603 VILLAGE AVE Suite, Apt. #, Etc. 304 City WEST PALM BEACH State FL Zip Code 33409
--	--

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 **11/20/99**

REGISTERED AGENT MUST SIGN

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:  Date **11/20/99** Daytime Phone # **5612420099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AD