

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008968003
11/13/02--01060--023 **750.00



REINSTATEMENT 02

DOCUMENT # P97000068643

1. Corporation Name

BETH LIEBOWITZ, M.D., P.A.

Principal Place of Business

19521 TOLEDO BLADE BLVD
MURDOCK FL 33948
US

Mailing Address

19521 TOLEDO BLADE BLVD
MURDOCK FL 33948
US

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

2. New Principal Office Address, If Applicable

3191 Harbor Blvd
Suite C

City & State

Port Charlotte FL

Zip 33952

Country USA

3. New Mailing Office Address, If Applicable

3191 Harbor Blvd
Suite C

City & State

Port Charlotte, FL

Zip 33952

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1997

5. FEI Number

59-3461654

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LIEBOWITZ, BETH	19521 TOLEDO BLADE BLVD 3191 HARBOR BLVD, *C	MURDOCK FL 33948 PORT CHARLOTTE FL 33952

8. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT ST., STE. 102
CLEARWATER FL 34616

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-6-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETH LIEBOWITZ

Date

10-28-2002

Daytime Phone #

941-743-3335