

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 19 AM 11:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000092298**

1. Corporation Name

SIUDMAK & STEINBERG, M.D., P.A.

Principal Place of Business

Mailing Address

1701 N.W. 123RD AVENUE
 PEMBROKE PINES FL 33026

1701 N.W. 123RD AVENUE
 PEMBROKE PINES FL 33026

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

2. New Principal Office Address, If Applicable

~~3801 Hollywood Blvd~~

Suite, Apt. #, etc.

~~250~~

City & State

~~Hollywood, FL~~

Zip

~~33021~~

Country

~~Florida~~

3. New Mailing Office Address, If Applicable

~~3801 Hollywood Blvd~~

Suite, Apt. #, etc.

~~250~~

City & State

~~Hollywood, FL~~

Zip

~~33021~~

Country

~~Florida~~

REINSTATEMENT

JB

4. Date Incorporated or Qualified To Do Business in Florida

10/24/1997

5. FEI Number

650790541

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SIUDMAK, ROBERT C M.D.	1701 N.W. 123RD AVENUE	PEMBROKE PINES FL 33026
D	STEINBERG, IRWIN C M.D.	1701 N.W. 123RD AVENUE	PEMBROKE PINES FL 33026

400002699574--2
 -12/01/98--01088--021
 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~JOVANOVIC, DOUGLAS ESQ
 888 S.E. 3RD AVENUE
 SUITE 400
 FORT LAUDERDALE FL 33316~~

Name

Robert C. Siudmak M.D.

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

3801 Hollywood Blvd

Suite, Apt. #, Etc.

250

City

Hollywood

State

FL

Zip Code

33021

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-23-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (6/98)