

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000031643**

1. Corporation Name

**IRIS LEIBOWITZ, P.A.**

Principal Place of Business

Mailing Address

10670 NW 17TH PLACE  
PLANTATION FL 33322

10670 NW 17TH PLACE  
PLANTATION FL 33322

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

04/07/1999

5. FEI Number

65-0909501

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	4 City / State / Zip
D	LEIBOWITZ, IRIS	10670 NW 17TH PLACE	PLANTATION FL 33322

800024204488

10/28/03--01043--004 \*\*150.00

10/21/03

8. Name and Address of Current Registered Agent

LEIBOWITZ, IRIS  
10670 NW 17TH PLACE  
PLANTATION FL 33322

9. Name and Address of New Registered Agent

Name

STEVE LEVY

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

2525 N. STATE ROAD 7 - STE 115

Suite, Apt. #, Etc.

PLANTATION

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/22/03

11. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03 904-907-7373

CR2E040 (7/03)

IRIS LEIBOWITZ P.A.  
10670 NW 17<sup>th</sup> PLACE  
PLANTATION, FL 33322

October 22, 2003

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

Re: IRIS LEIBOWITZ P.A.

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2003.

Thank you very much for you help and understanding.

Sincerely,

Iris Leibowitz