

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000065709

1. Corporation Name

MARK A. LIEBERFARB, M.D., P.A.

Principal Place of Business

7034 AYRSHIRE LANE
BOCA RATON FL 33496

Mailing Address

7034 AYRSHIRE LANE
BOCA RATON FL 33496



FILED

01 OCT 15 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2001

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0938076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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

PST LIEBERFARB, MARK A

7034 AYRSHIRE LANE

BOCA RATON FL 33496

VPD LIEBERFARB, MARK A

7034 AYRSHIRE LANE

BOCA RATON FL 33496

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****758.75 ****758.75

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIEBERFARB, MARK A
7034 AYRSHIRE LANE
BOCA RATON FL 33496

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

REGISTERED AGENT MUST SIGN

Date 10/10/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)