

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

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

FILED

01 OCT 15 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000065709

1. Corporation Name

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

Principal Place of Business

Mailing Address

7034 AYRSHIRE LANE
BOCA RATON FL 33496

7034 AYRSHIRE LANE
BOCA RATON FL 33496



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.

6894 Lake Worth Rd - suite 204

City & State

City & State

Lake Worth

Florida

Zip

Country

Zip

Country

30467

RAMBch

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	LIEBERFARB, MARK A	7034 AYRSHIRE LANE	BOCA RATON FL 33496
VPD	LIEBERFARB, MARK A	7034 AYRSHIRE LANE	BOCA RATON FL 33496
			900004650229--1 -10/23/01--01056--012 ****758.75 ****758.75 LS

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

Mark A. Lieberfarb
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

Mark A. Lieberfarb

Date

Daytime Phone #

10/10/01

CR2E040 (8/01)