


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**APPLICATION FOR REINSTATEMENT**



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

**FILED**  
 03 OCT 17 AM 9:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P99000065709**

1. Corporation Name  
**MARK A. LIEBERFARB, M.D., P.A.**

Principal Place of Business	Mailing Address
6894 LAKE WORTH ROAD STE. 204 LAKE WORTH FL 33467	6894 LAKE WORTH ROAD STE. 204 LAKE WORTH FL 33467

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



900023890979  
 10/17/03--01032--024 \*\*150.00

03

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	07/23/1999
5. FEI Number	65-0938076
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
PST	LIEBERFARB, MARK A	7034 AYRSHIRE LANE	BOCA RATON FL 33496
VPD	LIEBERFARB, MARK A	7034 AYRSHIRE LANE	BOCA RATON FL 33496

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

LIEBERFARB, MARK A  
 7034 AYRSHIRE LANE  
 BOCA RATON FL 33496

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]* Date 10/13/03  
 REGISTERED AGENT MUST SIGN

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]* 10/13/03 561-641-4044  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

2 of 2

**MARK A. LIEBERFARB, M.D.**

ADULT AND PEDIATRIC UROLOGY  
DIPLOMATE AMERICAN BOARD OF UROLOGY

(407) 641-4044

6894 LAKE WORTH ROAD, SUITE 204  
LAKE WORTH, FLORIDA 33467

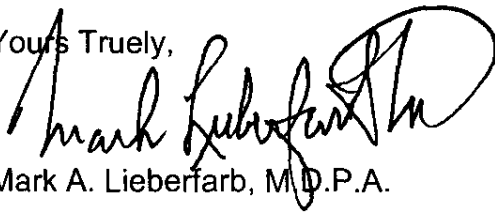
9770 S. MILITARY TRAIL, SUITE B2-2  
BOYNTON BEACH, FLORIDA 33436

Attention: Florida Department of State  
Glenda E. Hood  
Secretary of State

Dear Ms. Hood,

I am writing to let you know I did not receive my uniform business report package. I am requesting that my corporation be reinstated and have inclosed the necessary application fee. Thank you for your attention to this matter.

Yours Truly,



Mark A. Lieberfarb, M.D.P.A.