

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



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

03

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.

5. FEI Number

65-0938076

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
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]

REGISTERED AGENT MUST SIGN

Date

10/13/03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 561-641-4044

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

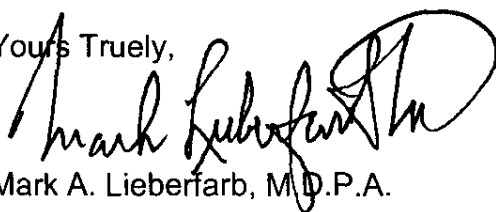
9770 S. MILITARY TRAIL, SUITE B2-2
BOYNTON BEACH, FLORIDA 33436

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.