## 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 # P99000104985

1. Corporation Name

SIGNATURE:

LARRY LANDSMAN, M.D., P.A.

FILED

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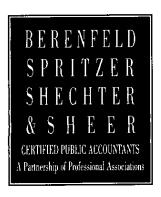
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Daytime Phone #

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New Principal Office Address, If Applicable     3. New Mailir					ng Office Address, If Applicable			Date Incorporated or Qualified			
				<del></del>			To Do Busi	ness in Florida	12/03/	1999	
Suite, Apt. #, etc.				te, Apt. #, etc.			5. FEI Numbe	·r	10,00,	Applied For	
City & State ≈				& State			6E_0066070				
							6			Not Applicable	
Zip Country		Country	Zip Count		Country				dditional Fee required Certificate of Status		
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7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flo	rida nonprof	it corporation	s must list at lea	ıst 3 directors)			·	
Title (e)	Name of Officers					Address of Each		City	City / State / Zip		
Title(s) and/		and/or Directors	Directors		3 Officer and/or Directo			4	City / State / Zip		
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8. Name and Address of Current Registered Agent							9. Name and	Address of New Registe	red Agen	it	
	-	~			N	lame		·			
SHECHTER, PHILIP						Stroet Address (R.O. Day Number in Net Assertable)					
9655 SOUTH DIXIE HIGHWAY						Street Address (P.O. Box Number is Not Acceptable)					
					5	Suite, Apt. #, Etc.	<del></del>			<del></del>	
3RD FLOOR					ł						
MIAMI FL 33156					City					Code	
	•••								<b>=L</b>		
10. I, being	appointed the	registered agent of the at	ove named corpo	oration, am f	amiliar with a	ind accept the of	bligations of Sect	ion 607.0505, F.S. or 617	.0505, F.S	3.	
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Signature of SIGNATURE REQ											
Registered Agent REGISTERED AGE								Date			
			LGIO I ENEU AU	LNI NOS	SIGN					· ————————————————————————————————————	
		fficer or director or the rece									
		dication, the reason for diss									

on this application is true and accurate, and my signature shall have the same\_legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



October 17, 2003

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

RE: Larry Landsman, M.D., P.A.

I.D. No.: 65-0966070

Document No.: P99000104985

To Whom It May Concern:

The above referenced corporation has asked us to respond to your notice of Dissolution. Please be advised that the owner of the corporation was going through a very difficult divorce and when he turned over the corporate records to his wife's attorney as part of discovery, he erroneously included his UBR for 2003. These records have not yet been returned to Dr. Landsman and not having the form on hand, he did not file the form and pay the necessary funds due.

We are hereby requesting that you accept the enclosed check in the amount of \$150 and abate the penalties and return the corporation's status to "active".

Thank you for your cooperation in this matter.

Very truly yours,

HILIPASHECHTER, C.P.A.

PJS/vlr