	PLEASE READ				OMPLET	ING THIS FOR	M.	\mathcal{M}	
, API	PLICATION .		A DEPARTMEN	OF STATE					
, סבוגוי	FOR	44		tate M	Y, '-	S. 11	En		
REINSTATEMENT DIVISION D'CORPORATIONS						PHED			
	JMENT # s94852	OP		98 APR 30	PM 12: 40				
1. Corporation Name						_SECRETARY OF STATE			
PHYSICIANS ECONOMIC SERVICES INC.						TALLAHASSEE, FLORICA			
Principal Pi	ace of Business	ess W	<u> </u>						
1	N.W. 18th Ct.	P.O. Box 450580							
Plantation, FL 33322 Sunrise, FL 33345					200000511455				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						900002511439 9 -05/05/9801105020			
2. New Prin	ncipal Office Address, If Applicable	New Mailing Office Address, If Applicable			*************************************				
N/A Suite, Apt.		N/A Suite, Apt. #, etc.			11/19/91				
City & State		City & State			5. FEI Number		h	Applicable	
Zip	Country	Zip	Country	,	6.	OF STATUS DESIRED	\$8.75 Additional	Fee required	
7. Names a	and Street Addresses of Each Officer and	or Director, (Eto)	rida nonorofit corpora	tions must list at lea			for a Certificate	of Status	
Title(s)	Name of Officers and/or Directors	· · · · · · · · · · · · · · · · · · ·	Stre	et Address of Each icer and/or Director		City	/ State / Zip		
1 2			3 (Do NOT Us	se Post Office Box N	lumbers)	4			
P,T,D David Youner			9441 N.W.18th Ct.			Plantation,	FL 33322		
S.D	D Ellen S. Youner 9441			1011 01					
3,5	Effer S. Tourier 944.			18th Ct.	Plantation, FL 33322				
]		,					-		
					·				
	8. Name and Address of Current	Registered Age	nt		9. Name and A	ddress of New Register	ed Agent		
ζ	avid Youner	s #8							
9441 N.W.18th Ct.				Same as #8 Street Address (P.O. Box Number is Not Acceptable) Same as #8					
Plantation, FL 33322				Suite, Apt. #, Etc.					
				City			tate Zip Code		
10. I, being appointed the recistered agent of the above primed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.									
Signature of Registered Agent Agent Agent Agent Must sign									
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No x (See other side for information on intangible tax.)									
12. 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 flying 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., and at ites 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 Date Date Date									

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JOEL A. DRUCKER ATTORNEY AT LAW

THREE NEW YORK PLÁZA • 10th Floor •NEW YORK, NEW YORK 10004 TELEPHONE: (212) 422-0488 TELEOOPIER: (212) 422-0158

MEMBER N.Y., N.J. and FLA. BARS E-mail: jdruck00@counsel.com 39 LAKE SHORE DRIVE SOUTH RANDOLPH, NEW JERSEY 07869 TELEPHONE: (973) 895-1915 TELECOPIER: (973) 895-1916

PLEASE REPLY TO RANDOLPH

March 30, 1998

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

Re:

Application for Reinstatement
Physicians Economic Services Inc.
Document #S94852

Dear Sirs/Madames:

This office represents Physicians Economic Services Inc. and its President, David Youner.

About two weeks ago I had occasion to order a certified copy of the corporation's Articles of Incorporation from your offices. When I received it, I was shocked to read on the certification that the corporation had been administratively dissolved in 1994.

I called Mr. Youner and asked him whether he knew that the corporation had been dissolved or whether he ever received any notice of any kind from the State of Florida on the subject. Mr. Youner told me that he did not know that the corporation had been dissolved, and that he never received any notice from Florida informing him that the corporation would be dissolved for failure to file an annual report or other paper or for failing to make any required payment.

Mr. Youner told me that to the contrary, he had received in 1997 a notice from Florida's Department of Revenue concerning the filing of an excise tax return for 1995 (copy enclosed).

Please find enclosed a completed application for reinstatement of Physicians Economic Services Inc., and a check for \$1,358.75 in payment of the fees for reinstatement and for a certificate of status. I respectfully request on behalf of the corporation and Mr. Youner that all or a portion of these fees be refunded. As neither the corporation nor Mr. Youner had received any notice that the corporation was going to be administratively dissolved in 1994, and as Mr. Youner received a communication from Florida's Department of Revenue in 1997 indicating that the corporation was still a viable corporation, it seems unfair and improper to require that a reinstatement fee be required. If there is a form that must be filled out to apply for a refund of the reinstatement fees, please forward it to the undersigned.