

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 30 PM 2:58

DOCUMENT # V13870

1. Corporation Name

MDS OF DELRAY, INC.

Principal Place of Business

140 NE 2ND AVE
DELRAY BEACH FL 33444
US

Mailing Address

240 N. CONGRESS AVE
DELRAY BEACH FL 33444

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1992

5. FEI Number

65-0392142

Applied For

Not Applicable

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
D	ERASMOUS, MICHAEL	1832 NW 126 WAY	CORAL SPRINGS FL
D	ERASMOUS, WENDY	1832 NW 126 WAY	CORAL SPRINGS FL
D	FELDHAMMER, JOYCE	240 N. CONGRESS AVE.	DELRAY BEACH FL

500003070685--2
-12/15/99--01025--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

BORKSON, ELLIOT P
200 E LAS OLAS BLVD
STE 1900
FT LAUDERDALE FL 33309

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/27/99

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

Date

10/27/99

Daytime Phone #

AD

GERSON, PRESTON & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

GARY R. GERSON, CPA
RICHARD C. PRESTON, CPA
ALAN S. ROSEN, CPA
ARTHUR I. BROWN, CPA
JAMES P. ROBINSON, CPA
DONALD M. GERSON, CPA
DANIEL S. KUSHNER, CPA
STEVEN F. KLEIN, CPA

STEPHEN R. TEPPER, CPA
BARRET BLECKER, CPA
MANNY M. ILAGAN, CPA
CALVIN BECKER, CPA
ROBERT P. FEDDERMAN, CPA
EDUARDO M. ZUNIGA, CPA
ROSE B. ROBINSON, CPA
JUDD A. BERKLEY, CPA
EDWARD D. DEPPMAN, CPA
ROBERT J. McCLERNON, CPA
DOROTHY S. EISENBERG, CPA
MARSHALL SAPERSTEIN, CPA
SCOTT N. WOOLMAN, CPA
ALAN A. LIPS, CPA
DAVID A. STEINBERG, CPA
BARRY A. DRESSLER, CPA
MELISSE G. BURSTEIN, CPA
MICHAEL T. BADEN, CPA
RONALD A. UNGER, CPA
ALAN STANDER, CPA
LEO GOLDMAN, CPA

MIAMI BEACH OFFICE
866 SEVENTY-FIRST STREET
MIAMI BEACH, FLORIDA 33141

DADE: (305) 868-3600
BROWARD: (954) 522-3202
BOCA RATON: (561) 392-9059
PALM BEACH: (561) 833-9573
ORLANDO: (407) 843-1158
TAMPA: (813) 228-9275
FACSIMILE: (305) 864-8740

REPLY TO: MIAMI BEACH OFFICE

BOCA RATON OFFICE
ONE BOCA PLACE • SUITE 324A
2265 GLADES ROAD
BOCA RATON, FLORIDA 33431
TEL: (561) 392-9059
FACSIMILE: (561) 997-9392

TAMPA OFFICE
THE FINANCIAL CENTER
2701 WEST BUSCH BLVD • SUITE 131D
TAMPA, FLORIDA 33618
TEL: (813) 228-9275
FACSIMILE: (813) 225-1264

MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

November 22, 1999


Department of State
Division of Corporations
Annual Report Section
Tallahassee, FL 32314-6320

Re: MDS of Delray, Inc.

Dear Sir or Madam:

Our client has requested that we contact you regarding the corporate reinstatement penalties. The above entity has been in business for 8 years and has never been late filing the annual report. We never received the original report, possibly due to the fact that they were closed the last two weeks of December. We request you please abate the penalties after considering the above facts.

Very truly yours,



CALVIN BECKER, CPA

CB: dlt

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