

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
NOV 30 PM 2:33
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V49957

1. Corporation Name

ALAN L MELOTEK MD PA

2. Principal Office Address

899 MEADOWS ROAD

Suite, Apt. #, etc.

SUITE 100

City & State

BOCA RATON FL

Zip

33496

Country

PALM BEACH

3. Mailing Office Address

899 MEADOWS ROAD

Suite, Apt. #, etc.

SUITE 100

City & State

BOCA RATON

Zip

33496

Country

PALM BEACH

REINSTATEMENT

04-05

T. Roberts NOV 30 2005

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/05

5. FEI Number

65-0346528

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALAN L MELOTEK

Street Address (P.O. Box Number is Not Acceptable)

6398 N.W. 26TH TERRACE

Suite, Apt. #, Etc.

City

BOCA RATON FL 33496

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X Alan Melotek

Date

X 11/29/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ALAN L MELOTEK	6398 N.W. 26TH TERRACE	BOCA RATON FL 33496
PST	ALAN L MELOTEK	6398 N.W. 26TH TERRACE	BOCA RATON FL 33496

000061825390
12/01/05--01023--004 **300.00

10. 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:

X Alan Melotek

ALAN L MELOTEK

X 11/29/05

561-750-7509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)



Berney, Bogdanoff & DuBoff
Certified Public Accountants

2790 N. Federal Highway • Suite 400 • Boca Raton, FL 33431
561 394-6191 • fax: 561 395-5012

9700 S. Dixie Highway • Suite 500 • Miami, FL 33156
305 670-3003 • fax: 305 670-9722
toll free: 888 296-7116

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November 29, 2005

Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Alan L. Melotek, M.D., P.A.
Corporation Reinstatement Form CR2E081
2004 & 2005 For Profit Corporation Annual Report
Not Filed As Office Moved
Doc. # V49957
899 Meadows Road
Suite 100
Boca Raton, FL 33496
Request For Waiving Reinstatement Fee

Gentlemen:

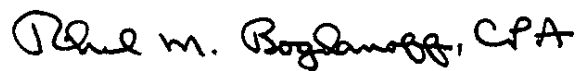
At the request of the taxpayer, I am corresponding with you regarding this matter. Please be advised that Dr. Melotek moved his office in January 2004. He had his mail forwarded but did not receive notice of his Company's 2004 or 2005 Annual Report filings. As I was recently my client's Annual Report Filings, I noted that Alan L. Melotek M.D., P.A. was indicated as not being filed and was administratively dissolved by the Florida Division of Corporations.

On behalf of my client, I am requesting that the Secretary of State's Office please accept this return and waive the \$600. Reinstatement Fee as no postcard or other form of notification was received by the taxpayer regarding the filing of his 2004 or 2005 Florida Corporation Annual Reports. His mail was requested to have been forwarded to his new address, but it appears that a number of correspondences were not received at his new office address. The \$300. fee payment is enclosed along with the Corporation Reinstatement Form CR2E081 Annual Report. Thank you for your assistance and understanding in this matter and for your Department's consideration in waiving the Reinstatement Fee. Please contact either myself at (561) 394-6191 or Dr. Melotek at (561) 750-7148 should you have any questions.

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November 29, 2005
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Very truly yours,

Handwritten signature of Richard M. Bogdanoff, CPA.

Richard M. Bogdanoff

Enc.

cc: Dr. Alan L. Melotek, President
Alan L. Melotek, M.D., P.A.