

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
6894 LAKE WORTH ROAD
STE. 204
LAKE WORTH FL 33467

Mailing Address
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.

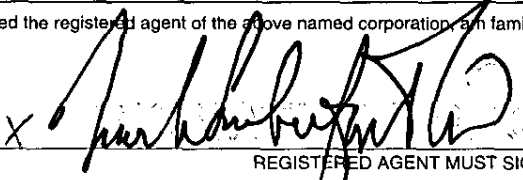
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
-Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/23/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0938076	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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

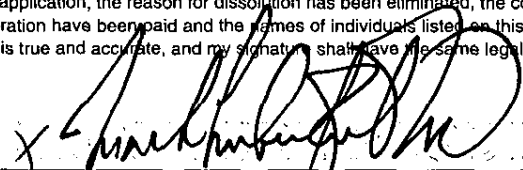
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LIEBERFARB, MARK A 7034 AYRSHIRE LANE BOCA RATON FL 33496		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State FL Zip Code _____	

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 *x*  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: *x*  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/13/03 Daytime Phone # 561-641-4044

CR2E040 (7/03)

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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

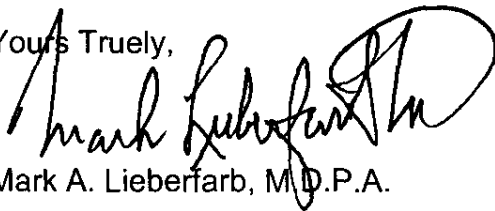
9770 S. MILITARY TRAIL, SUITE B2-2
BOYNTON BEACH, FLORIDA 33436

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.