

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR -3 AM 7:57

DOCUMENT # J25611

1. Corporation Name

LANE S. ABRAHAM, P.A.

2. Principal Office Address - No P.O. Box #
2701 South Bayshore Drive

3. Mailing Office Address
2701 South Bayshore Drive

Suite, Apt. #, etc.
Suite 403

Suite, Apt. #, etc.
Suite 403

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33133 USA

Zip Country
33133 USA

4. Date Incorporated or Qualified To Do Business in Florida 07/24/1986

5. FEI Number
5926220005

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

100148551901
04/03/09--01022--005 **2400.00
CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name
Lane S. Abraham, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2701 South Bayshore Drive

Suite, Apt. #, Etc.
Suite 403

City State Zip Code
Miami FL 33133

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 03/24/09

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
DP	Lane S. Abraham	2701 South Bayshore Drive, Suite 403	Miami, FL 33133

B 4/2/09
REINSTATEMENT 98-09

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 contained in Chapter 119, 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:

LANE Abraham

4-1-09

305-285-8822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #