

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 20 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000059464

1. Corporation Name

Lewis Mostow, P.A.

2. Principal Office Address - No P.O. Box #

1924 Kilmer Lane

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

USA

3. Mailing Office Address

1924 Kilmer Lane

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/22/03

5. FEI Number

02-0690371

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

Lewis Mostow

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

1924 Kilmer Lane

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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 11-11-08

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	Lewis Mostow	1924 Kilmer Lane	Apopka, FL 32703

800138139798
11/20/08--01047--003 **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 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:

Lewis Mostow

11-11-08

207-474-8561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/08