PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 SEP 20 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P95000014380

1. Corporation Name
The Criminal Defense Center P.A.

W01000071803

600004627466--2
-10/08/01--01080--015
REINSTATEMENT **1050.00**

2. Principal Office Address	3. Mailing Office Address
2921 SW 27 Ave	2921 S.W. 27 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Grove, FL	City & State: Coconut Grove, FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0584555 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Mark Lefcourt
Street Address (P.O. Box Number is Not Acceptable): 2921 S.W. 27 Ave.
Suite, Apt. #, Etc.:
City: Coconut Grove State: FL Zip Code: 33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent: M Lefcourt (REGISTERED AGENT MUST SIGN) Date: 9/17/01

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
P	Mark Lefcourt	2921 SW 27 Ave	Coconut Grove, FL 33133

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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Mark Lefcourt, President
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Date: 9/17/01 Daytime Phone #: 305-567-1011