

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 24 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V70619**

1. Corporation Name

MICHAEL A. LAMPERT, P.A.

2. Principal Office Address

1655 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.

STE 900

City & State

WPB FL

Zip

33401

Country

U.S.A

3. Mailing Office Address

1655 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.

STE 900

City & State

WPB FL

Zip

33401

Country

U.S.A.

REINSTATEMENT 03-00

4. Date Incorporated or Qualified To Do Business in Florida

10/13/92

5. FEI Number

65-0379755

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

MICHAEL A. LAMPERT, ESQUIRE

300003230433-6

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

1655 PALM BEACH LAKES BLVD.

-05/01/00--01014--008

*****1808.75 ***1808.75**

Suite, Apt. #, Etc.

SUITE 900

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/2/00

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
President	MICHAEL A. LAMPERT	1655 PALM BEACH LAKES BLVD STE 900	WPB, FL 33401
Secretary	MICHAEL A. LAMPERT	1655 PALM BEACH LAKES BLVD STE 900	WPB, FL 33401
Treasurer	MICHAEL A. LAMPERT	1655 PALM BEACH LAKES BLVD STE 900	WPB, FL 33401
Director	Michael A. Lampert	1655 Palm Beach Lakes Blvd STE 900	WEST Palm Beach FL 33418

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

as per

Date

3/2/00

Daytime Phone #

KE

CR2E081 (9/99)