

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000013929**

1. Corporation Name

LAWRENCE A. KELLOGG, P.A.

Principal Place of Business

**MIAMI CENTER 26TH FLOOR
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131-4336**

Mailing Address

**MIAMI CENTER 26TH FLOOR
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131-4336**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1998

5. FEI Number

65-0004094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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 |
|---------------|---|--|-------------------------|
| D | KELLOGG, LAWRENCE A | 201 S. BISCAYNE BLVD., SUITE 260 | MIAMI FL 33131 |
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000009145230
11/21/02--01026--026 **150.00

8. Name and Address of Current Registered Agent

**KELLOGG, LAWRENCE A ESQ.
201 SOUTH BISCAYNE BLVD.
SUITE 2600
MIAMI FL 33131-4336**

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/15/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/02 305-539-2118

CR2E040 (8/02)

REPLY TO:
MIAMI

WRITER'S DIRECT LINE
(305) 539-2118

E-MAIL:
LAK@TEWLAW.COM

WEB SITE: WWW.TEWLAW.COM

TEW CARDENAS REBAK
KELLOGG LEHMAN
DEMARIA TAGUE
RAYMOND & LEVINE, L.L.P.
ATTORNEYS AT LAW

November 19, 2002

VIA U.S. MAIL

State of Florida
Department of State
PL-02 The Capitol
Tallahassee, Florida 32399-0250

Re: Lawrence A. Kellogg, P.A.

To Whom It May Concern:

This will certify that Uniform Business Reports for the year 2002 was not received by Lawrence A. Kellogg, P.A. prior to October 4, 2002.

Sincerely yours,

LAWRENCE A. KELLOGG, P.A.

Lawrence A. Kellogg, President
Lawrence A. Kellogg, President

LAK/jrb

99999.460

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