

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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02/20/04--01027--030 \*\*297.50

REINSTATEMENT 02-04

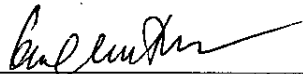
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> NO2493			
<b>1. Corporation Name</b> Lake West Medical Centre Condominium Association, Inc.			
<b>2. Principal Office Address</b> 2328 S. Congress Ave Suite, Apt. #, etc. 1-C City & State West Palm Beach, FL Zip 33406 Country USA		<b>3. Mailing Office Address</b> 2328 S. Congress Ave Suite, Apt. #, etc. 1-C City & State West Palm Beach, FL Zip 33406 Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 04-11-1984	
<b>5. FEI Number</b> 59-2412819	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Robert R. Rossi	
Street Address (P.O. Box Number is Not Acceptable) 2328 S. Congress Ave	
Suite, Apt. #, Etc. 1-C	
City West Palm Beach	State FL Zip Code 33406

<b>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.</b>	
Signature of Registered Agent 	Date 1/20/04
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PD	Dr. Kenneth Mitchell	6894 Lake Worth Rd #103	Lake Worth, FL 33467
VD	Dr. Arthur F. Smith	6894 Lake Worth Rd #201	Lake Worth, FL 33467
STD	Dr. Saul Lipsman	6894 Lake Worth Rd #102	Lake Worth, FL 33467

<b>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.</b>	
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>Date</b> February 5, 2004 Daytime Phone #

CRZE081 (10/02)