

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

03 NOV 25 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000011651**

1. Corporation Name

Lydecker & Associates, P.A.

2. Principal Office Address

1201 Brickell Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Zip

33131

Country

Miami Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

75-2987716

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard J. Lydecker

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

1201 Brickell Ave

Suite, Apt. #, Etc.

200

City

Miami

State

FL

Zip Code

33131

600024425276

11/05/03--01002--005 *\$150.00

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]

Date 11/19/03

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
P	Richard Lydecker	775 West 49th Street	Miami Beach FL 33140

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]

Date

10/31/01

Daytime Phone #

CR2001 (1/00)

10-31-03

16:03

FROM-

T-674 P.002/004 F-067

225 n.e. mizner blvd., ste. 250
boca raton, florida 33432

561 394 5100
561 750 9781 fax

www.kaufmanrossin.com

October 31, 2003

Certified Mail - Return Receipt Requested

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Lydecker & Associates, P.A.
EIN: 75-2987716
Corporation Reinstatement

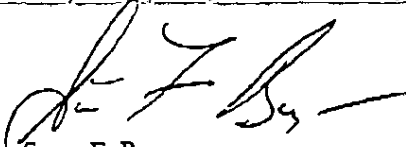
Dear Sir or Madam:

We are the accountants for the above-referenced taxpayer and are requesting on their behalf for a corporation reinstatement. Please be advised that the taxpayer was unable to file the Uniform Business Report form due to the fact that the company moved from the previous location. For this reason, the taxpayer never received the UBR annual report form. This entity was formed in the year 2002 and the taxpayer was unaware of the filing requirement. Please be advised that the taxpayer has instituted office procedures (tracker due dates) to ensure proper filing and payment of the UBR in the future.

In light of the above reasons, we respectfully request for an abatement of the penalties and for the corporation to be reinstated. Enclosed is a check in the amount of \$150.00 in payment of the 2003 filing fee.

Should you have any questions, please do not hesitate to contact our office.

Very truly yours,



Scott F. Berger
Principal
Kaufman, Rossin & Co.

Enclosure

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**KAUFMAN
ROSSIN &
CO.** PROFESSIONAL
ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS