

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 DEC 22 AM 9:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **616594**

1. Corporation Name
MARK R. LEWIS, P.A.

Principal Place of Business 3131 - 66TH ST. N., SUITE A ST PETERSBURG FL 33710	Mailing Address 3131 - 66TH ST. N., SUITE A ST PETERSBURG FL 33710
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REINSTATEMENT *CF*

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/01/1979 SP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1900062 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Zip	Country	Zip	Country		

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
PD	LEWIS, MARK R	3131 - 66TH ST. N., A	ST PETERSBURG FL
ST	LEWIS, MARK R	3131 66TH N., A	ST PETERSBURG FL

700003082437--2
 -12/29/99--01005--022
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent LEWIS, MARK R 3131 - 66TH ST. N., A ST PETERSBURG FL 33710		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 _____	
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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.
 Signature of Registered Agent *Mark R. Lewis* **SIGNATURE REQUIRED** Date **12/20/99**
 REGISTERED AGENT MUST SIGN

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: *Mark R. Lewis* **SIGNATURE REQUIRED** Date **12/20/99** Daytime Phone # **727-381-194**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR