

2042000363

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

04 FEB -6 PM 4:13

DOCUMENT # F59792

1. Corporation Name

Richard B. Lewis, M.D., P.A.

2. Principal Office Address

4710 N. Habana Avenue

3. Mailing Office Address

4710 N. Habana Avenue

Suite, Apt. #, etc.

Suite 402

Suite, Apt. #, etc.

Suite 402

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33614-7152

Country

Hillsborough

Zip

33614-7152

Country

Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida

12/30/81

5. FEI Number

592158531

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

02-04

7. Name and Address of Current Registered Agent

Name

William Kalish, Esq.

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

100 S. Ashley Drive

800027635248

01/27/04--01007--014 **901.00

Suite, Apt. #, Etc.

Suite 1500

800027635248

02/06/04--01011--006 **151.00

City

Tampa

State

FL

Zip Code

33602

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

REGISTERED AGENT MUST SIGN

Date 1/12/04

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
PDT	Richard B. Lewis	4710 N. Habana Avenue, Suite 402	Tampa, FL 33614-7152

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Lewis MD

Date

1-10-04

Daytime Phone #

(813) 870-3852

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