

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

96 NOV 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

034568

1. Corporation Name

King, Leavy, Rabin & Lancaster, P.A.

Principal Place of Business

Mailing Address

5975 Sunset Drive
Suite 301
South Miami, Florida 33143

000002006550--4
-11/18/96--01002--007 583.75
****583.75 ****575.00

REINSTATEMENT

95-96
20

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida
April 6, 1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-2081778

Applied For
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Marshall L. King	5975 Sunset Drive Suite 301	South Miami, FL 33143
VD	Peter H. Leavy	5975 Sunset Drive Suite 301	South Miami, FL 33143
SD	Robert A. Rabin	5975 Sunset Drive Suite 301	South Miami, FL 33143
TD	Kenneth G. Lancaster	5975 Sunset Drive Suite 301	South Miami, FL 33143

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Peter H. Leavy
5975 Sunset Drive - Suite 301
South Miami, FL 33143

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.

Signature of Registered Agent

Peter H. Leavy

REGISTERED AGENT MUST SIGN

Date Nov. 8, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed to the corporation have been paid. 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:

Peter H. Leavy PETER H. LEAVY

Nov. 8, 1996 301-466-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR25040 (12/95)