PLEASE READ	ALL INST	FRUCTIONS	BEFORE	COMPLET	ING THIS FOR	BM.
APPLICATION FOR REINSTATEMENT	FLORID	A DEPARTME  Jim Smith  Secretary of S  IVISION OF CORPO	NT OF STATE 1 State		APPROV AND FILE	
DOCUMENT # <b>G80899</b> 1. Corporation Name LAWRENCE S. KLITZMAN, P.A.				97 JAN -2 AMII: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Mailing Address 2665 SOUTH BAYSHORE DR SUITE M 103 COCONUT GROVE FL 33133-5401 If above addresses are incorrect in any way, line thr	2665 SOUTH SUITE M 100 COCONUT G	ROVE FL 33133-5401	or working holony			
		Principal Office Address, If Applicable		4. Date Incorp. To Do Busir	DO NOT WRITE IN THE prated or Qualified ness in Florida	01/01/1984
Suite, Apt. #. etc.  City & State	Suite, Apt. # City & State	Suite, Apt. #, etc.  City & State		5. FEI Number	59-2351531	Applied For
Zip Country	Zip	Country		6. CERTIF:CATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status		
7. Names and Street Addresses of Each Officer and	or Director (Flo					
Name of Officers Street Address of Eac Title(s) and/or Directors Officer and/or Direct 1 2 3 (Do NOT Use Post Office Box				h r Numbers)	City	y / State / Zip
P KLITZMAN, LAWRENCE S		2665 S BAYSHORE M103		ramocio,	COCONUT GROVE	FL
			-	41	0000205 -01/08/97 ****775.	
		 		EMST	ATENIEN	1994-96
		<u> </u>	<del></del> _			a alaw
8. Name and Address of Current Registered Agent KLITZMAN, LAWRENCE S 2665 S BAYSHORE DR SUITE M103			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
COCONUT GROVE FL 32322			City			State Zip Code
10. I, being appointed the registered agent of the abo	_	oration, am famillar w ANAUX E BENT MUST SIGN		,	on 607,0505, F.S. Date/2/3	0/96
11. If this corporation is a non-p	rofit with	I.R.S. 501(c)	(3) tax exen	npt status,	check this box	(See other side for additional information.)
12. Does this corporation pay a Dept. of Revenue under S.	ny intang 199.032,	gible tax to th Florida Stat	ne utes. Yes	☐ No [		er side for information intangible tax.)

13. 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 by 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:

\*\*LAWRENCE\*\* C. KUTSHOW\*\* Passow\*\* 12/30/96\*\* 3018544446\*\*