

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H21224

1. Corporation Name

LAWRENCE R. MICHAELS, P.A.

Principal Place of Business

Mailing Address

1541 SUNSET DR.,STE.301
CORAL GABLES FL 33143

1541 SUNSET DR.,STE.301
CORAL GABLES FL 33143



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

09/14/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2522064

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	MICHAELS, LAWRENCE R.	1541 SUNSET DR.,STE.301	CORAL GABLES FL

800008759248
11/01/02--01058--028 **150.00

Lawrence R. Michaels

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICHAELS, LAWRENCE R.
1541 SUNSET DR.,STE.301
CORAL GABLES 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. or 617.0505, F.S.

Signature of Registered Agent

Lawrence R. Michaels
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

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:

Lawrence R. Michaels
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/02

305-665-5026

CR20040 (8/02)

LAWRENCE R. MICHAELS, P.A.

Licensed Real Estate Broker

1541 Sunset Drive • Suite 301

Coral Gables, Florida 33143

Telephone: (305) 665-5026

10/31/02

To whom it may concern,

Per my phone conversation with your office today, Enclosed is the application for reinstatement, the \$150.00 fee and this letter. To my knowledge this is the only notice we received. Thank you for your help.

Sincerely,

 , President