

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 23 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J21499

1. Corporation Name

Lebowitz Medical Group, P.A.

2. Principal Office Address

3234 South Florida Ave.

Suite, Apt. #, etc.

Suite E & F

City & State

Lakeland, Florida

Zip

33803

Country

USA

3. Mailing Office Address

3234 S. Florida Avenue

Suite, Apt. #, etc.

Suite E & F

City & State

Lakeland, FL

Zip

33803

Country

REINSTATEMENT 00-05

4. Date Incorporated or Qualified
To Do Business in Florida

7/01/1986

5. FEI Number

592681560

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles Lebowitz

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

3234 South Florida Avenue

Suite, Apt. #, Etc.

Suite E & F

City

Lakeland

700058897567

08/23/05 01055 002 **1501.75

State

FL

Zip Code

33803

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

Charles Lebowitz

REGISTERED AGENT MUST SIGN

Date 8/22/05

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
DP	Charles Lebowitz	3234 S. Florida Ave, S.E & F	Lakeland, FL 33803
VP	Sharon Lebowitz	3234 S. Florida Ave, S.E & F	Lakeland, FL 33803

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:

Charles Lebowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/05 863-648

Date

Daytime Phone #

421

CR2061 (07/05)