1st

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 25 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

89-04

DOCUMENT # K11216

1. Corporation Name
LANCE P. RAIFFE, M.D., P.A.

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10/25/04--01008--007 **2207.50
REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
4302 ALTON ROAD	4302 ALTON ROAD
Suite, Apt. #, etc.: SUITE 620	Suite, Apt. #, etc.: SUITE 620
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH FL
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/7/88

5. FEI Number: 65-0020925 ☐ 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: LANCE P. RAIFFE, M.D.

Street Address (P.O. Box Number is Not Acceptable): 4302 ALTON ROAD

Suite, Apt. #, Etc.: SUITE 620

City: MIAMI BEACH, State: FL, Zip Code: 33140

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: _____ Date: 10-22-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P/D	LANCE P. RAIFFE	4302 Alton Road #620	MIAMI BEACH, FL 33140

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: LANCE P. RAIFFE 10-22-04 305-538-8658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

$35

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JAY SERBIN, CPA, P.A.
Certified Public Accountant
9600 WEST SAMPLE ROAD, SUITE 501
CORAL SPRINGS, FLORIDA 33065

(954)346-1996
fax (954)346-1970
email:cpajay@aol.com

October 8, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Lance P. Raiffe, M.D.,P.A.
Document Number: K11216

Gentlemen:

Enclosed please find the *Corporation Reinstatement Form* for the above referenced corporation as well as a check payable to the *Department of State* in the amount of $2,207.50.

This corporation was not receiving the annual renewals of its annual report due to an incorrect address on file. This was discovered only by checking the status online. For this reason, we respectfully request that you waive the fee of $600 for reinstatement and accept the enclosed payment to bring this corporation current.

We thank you in advance for your cooperation in this matter.

Sincerely,

JAY SERBIN

JS:
Enclosures
cc: Lance P. Raiffe, M.D.,P.A.