

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 25 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *K11216*

1. Corporation Name

LANCE P. RAIFFE, M.D., P.A.

2. Principal Office Address

4302 ALTON ROAD

Suite, Apt. #, etc.

SUITE 620

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Office Address

4302 ALTON ROAD

Suite, Apt. #, etc.

SUITE 620

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

700042166477
10/25/94 01000-007 **2207.50
REINSTATEMENT

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *10-22-04*

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
<i>P/D</i>	<i>LANCE P. RAIFFE</i>	<i>4302 ALTON ROAD #620</i>	<i>MIAMI BEACH, FL 33140</i>

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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-04

Date

305-538-8658

Daytime Phone #

CR2001 (07/04)

20f2

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

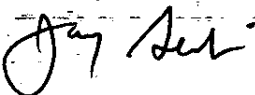
Gentlemen:

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.