

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M79976

1. Corporation Name
TERRY A. LURIE, P.A.

Principal Place of Business
2375 TAMMIAMI TRAIL N. #101
2400 SHADOWLAWN DRIVE
18-
NAPLES FL 33902 34103
US

Mailing Address
2375 TAMMIAMI TRAIL N. #101
2400 SHADOWLAWN DRIVE
18-
NAPLES FL 33902 34103
US



REINSTATEMENT *96*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/09/1988	
City & State		City & State		5. FEI Number	
Zip		Country		65-0048079	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	LURIE, TERRY A.	2400 SHADOWLAWN DRIVE, STE 18 2375 TAMMIAMI TRAIL N. #101	NAPLES FL 34103
T	LURIE, TERRY A.	2400 SHADOWLAWN DRIVE, STE 18 2375 TAMMIAMI TRAIL N. #101	NAPLES FL 34103
			100002011631--4 -11721796--01093--023 ***383.75 ***383.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LURIE, TERRY A. 2400 SHADOWLAWN DRIVE 18- NAPLES FL 33902 34103		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.
Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: *Nov 15, 1996*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(b), 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: *[Signature]* REGISTERED AGENT MUST SIGN Date: *Nov 15, 1996* Daytime Phone #: *(941) 463-0600*

CR2800 (7/96)