

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN -3 PM 12:20

DOCUMENT # 0000052581
1. Corporation Name
L & M OF SARASOTA, INC.

800004775788--7
-01/15/02--01048--010
****750.00 ****750.00

2. Principal Office Address 1717 2nd Street Suite, Apt. #, etc. <u>Suite A</u> City & State Sarasota FL 34236 Zip Country		3. Mailing Office Address 1717 2nd Street Suite, Apt. #, etc. <u>Suite A</u> City & State Sarasota FL 34236 Zip Country	
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REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida 5/26/00
5. FEI Number 65-1019481
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
Ronald R. Shenkin

Street Address (P.O. Box Number is Not Acceptable)
1717 2nd Street

Suite, Apt. #, Etc.
Suite D

City
Sarasota

State **FL** Zip Code **34236**

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] Date 12/31/01
REGISTERED AGENT MUST SIGN

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
D	Ronald R. Shenkin	1717 2nd Street, Ste D	Sarasota FL 34236
D	M.J. Lancer	1717 2nd Street, Ste A	Sarasota FL 34236
D	Neil Malamud	1717 2nd Street, Ste A	Sarasota FL 34236

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: [Signature] Date 12/21/01 Daytime Phone # 941-364-9915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/00)