

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT #** P01000000565

1. Corporation Name  
PAUL LOUIS LEPINE, P.A.

2. Principal Office Address - No P.O. Box #  
4701 BAYVIEW DR.

3. Mailing Office Address  
Suite, Apt. #, etc.

Suite, Apt. #, etc.  
City & State  
FT. LAUD. FLORIDA

City & State

Zip Country  
33309 USA

Zip Country

**FILED**  
10 MAY 10 AM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
200180667102  
05/10/10--01077--015 \*\*600.00

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 01/16/2001

5. FEI Number Applied For  
651 06 5332 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 LOUIS P. LEPINE  
Street Address (P.O. Box Number is Not Acceptable)  
4701 BAYVIEW DR.  
Suite, Apt. #, Etc.

City State Zip Code  
FT LAUD FL 33309

**PROFIT CORPORATIONS ONLY**  
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 5/2/2010  
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
PL	LOUIS PAUL LEPINE	4701 BAYVIEW DR	FT LAUD FL 33309

**REINSTATEMENT**

**RH**

10. E-mail Address: SPMCCORRY@MSN.COM  
(To be used for future annual report notification)

11. 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. I further certify 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]* LOUIS P. LEPINE Date 5/2/2010 954 377-5050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #