PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION FILED** Jim Smith FOR Secretary of State Dec 06, 2002 8:00 A.M. REINSTATE DIVISION OF CORPORATIONS **Secretary of State** P01000017233 DOCUMENT # 1. Corporation Name LAKE O BOXING GYM, INC. Principal Place of Business Mailing Address 200 EAST BROWARD BLVD SUITE 1210 200 EAST BROWARD BLVD SUITE 1210 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 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 Date Incorporated or Qualified To Do Business in Florida 2157 Bacon Point Road P.O. Box 61 Suite, Apt. #, etc. 02/15/2001 Suite, Apt. #, etc. 5. FEI Number Applied For City & State Panokee, City & State Not Applicable ESA, -Canal Point FL6. \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 33438 USA for a Certificate of Status USA

7. Names	and Street Addresses of Each Officer and/or Direct	ctor (Florida nonprofit corpo	rations must list at least 3 directors)	
Title(s)	Name of Officers and/or Directors		treet Address of Each Officer and/or Director	City / State / Zip
DPST	LOPEZ, NELSON	200 EAST BRO	WARD BLVD SUITE 1210	FT-LAUDERDALE FL 33301
DPST	LOPEZ, NELSON	ON 2157 Bacom Point Road		Pahokee, FL 33476
			30 12/06	00009398733 /0201048001 **150.00
	8. Name and Address of Current Registe	red Agent	9. Name an	d Address of New Registered Agent
MARGULES, LEON R ESQ			Name . Nelson Lopez	

200 EAST BROWARD BLVD SUITE 1210 FT LAUDERDALE FL 33301

33476

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

City State Zip Code Pahokee 33476

10. I, being appointed the registered agent of the prove hamed corporation and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

11/26/02

(8/02)

CR2E040

11. I certify that 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.

Suite, Apt. #, Etc.

SIGNATURE:

Daytime Phone #

RICHARD L. HEFFERNAN, P.A.

CERTIFIED PUBLIC ACCOUNTANT
P. O. 80X 617
2911 EAST MAIN STREET
PAHOKEE, FLORIDA 33476
(561) 924-7989

FAX (561) 924-7450

MEMBER

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS MEMBER
NATIONAL SOCIETY OF
TAX PROFESSIONALS

Florida Department of Revenue Division of Corporation PO Box 6327 Tallahassee, FL 32314

RE: Lake O Boxing Gym, Inc. Document # P01000017233

November 29, 2002

Dear Sir/Madam

Taxpayer received Certificate of Administrative Dissolution or Revocation and Application For Reinstatement, our client stated he never received first notice.

This Corporation was formed in 2001 and taxpayer was not aware that he had to file an Annual Corporation Report. The address of his attorney was used as the corporate address. The attorney became involved in a business competition with the taxpayer and never sent the notice to taxpayer.

Find enclosed with this letter a check for \$ 150.00 (required filing fee). Please give consideration to the abatement of the penalty.

Thank you for considering this request on behalf of our client.

Sincerely,

Richard L. Heffernan, C.A.

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Richard L. Heffernan, P.A.

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