

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 19 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000017971

1. Corporation Name

L. Robert Elias, P.A

2. Principal Office Address

15500 New Barn Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

City & State

Miami Lakes

City & State

Zip

FL

Country

33014

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

71-0869101

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

Jeffrey L. Baxter, Esq.

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

15500 New Barn Road

Suite, Apt. #, Etc.

Suite 104

City

Miami Lakes

State

FL

Zip Code

33014

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

REGISTERED AGENT MUST SIGN

Date

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
P.D	L. Robert Elias	same	same

400024862944
11/19/03--01065--012 **150.00

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:

L. Robert Elias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/2003

Date

305-023-2300

Daytime Phone #

CR2E081 (10/02)

2

BAXTER & ELIAS LLP

Attorneys at Law

15500 NEW BARN ROAD, SUITE 104
MIAMI LAKES, FLORIDA 33014

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JBaxter@belaw.net

November 18, 2003

VIA FEDERAL EXPRESS DELIVERY

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Reinstatement of (i) Jeffrey L. Baxter, P.A.; (ii) L. Robert Elias, P.A.; and
(iii) South Florida Title Company (collectively, the "Corporations")

To Whom It May Concern:

I have enclosed herewith three (3) reinstatement checks in the amount of \$150.00 for each of the above-referenced Corporations. The Corporations did not receive the Annual Report notices from the Department of State since their address had changed.

Thank you for your consideration in this matter. If you have any questions, please do not hesitate to contact me at 305-823-2300 x 102.

Very truly yours,



Jeffrey L. Baxter, Esq.