

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -2 PH 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 102-100007

1. Corporation Name
ALAN J. LEWIS, Ph. D. P. A.

2. Principal Office Address
15281 AMBERLY DR

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
SAME

Zip 33647 Country
USA

Zip 33647 Country
SAME

4. Date Incorporated or Qualified To Do Business in Florida
9/02

5. FEI Number
59-3531647

Applied For...
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03

12/26/03 01005 004 \$150.

7. Name and Address of Current Registered Agent

Name
ALAN J. LEWIS Ph.D.

Street Address (P.O. Box Number is Not Acceptable)
15281 AMBERLY DR

Suite, Apt. #, Etc.

City
TAMPA

State
FL Zip Code
33647

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
12/31/03

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
<u>OWNER</u>	<u>ALAN J. LEWIS Ph.D.</u>	<u>15281 AMBERLY DR</u>	<u>TAMPA FL 33647</u>

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]

ALAN J. LEWIS, Ph.D.

12/31/03 (813) 9102329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Somerset Professional Park
15281 Amberly Drive
Tampa, FL 33647
(813) 910-2329
email: tampadoc@att.net

Alan J. Lewis, Ph.D., P.A.

P02 000/00007

December 18, 2003

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Alan J. Lewis, Ph.D., P.A.

Dear Sir or Madam:

I recently received documentation indication Administrative Dissolution of my corporation named above, for failure to file its 2003 corporation annual report/uniform business report.

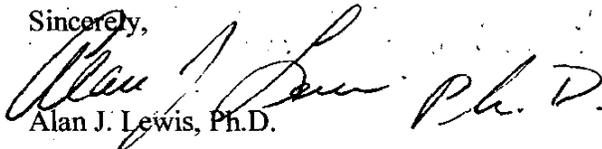
I am requesting a waiver of the reinstatement fee and reinstatement for the following reasons:

- i. I never received any documentation pertaining to the filing of the annual report. My accountant informed me that such documents are supposed to be sent in the beginning of the year.
- ii. The address you sent the Administrative Dissolution to in incorrect. You transposed the digits in the address. It was sent to 15821 Amberly Drive. The correct address (and the address on file) is 15281 Amberly Drive.

Per the instructions on your recording, I am enclosing a check in the amount of \$150.00 to reinstate this corporation.

Please accept my thanks in advance for your attention to this matter.

Sincerely,


Alan J. Lewis, Ph.D.

