

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN -2 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 802-100007

1. Corporation Name

ALAN J. LEWIS, Ph.D. P.A.

**REINSTATEMENT** 03

12/26/03 01005 004 \$150.

2. Principal Office Address

15281 AMBERLY DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

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

**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]*

REGISTERED AGENT MUST SIGN.

Date

12/31/03

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
OWNER	ALAN J. LEWIS Ph.D.	15281 AMBERLY DR	TAMPA FL 33647

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.

Date

12/31/03 (813) 9102329

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 000/000007

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.

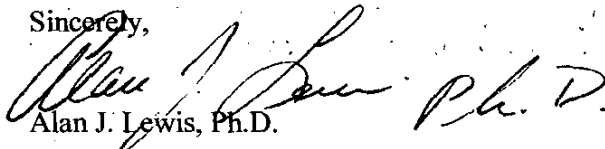
I am requesting a waiver of the reinstatement fee and reinstatement for the following reasons:

- 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.

