FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 16 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000122982

1. Corporation Name

LEGAL CLINIC, P.A

300023617203
10/07/03--01054--005 **150.00

2. Principal Office Address	3. Mailing Office Address
1400 NE Miami Gardens Dr.	same as #2
Suite, Apt. #, etc.: 219	Suite, Apt. #, etc.: Same as #2
City & State: N. Miami Beach, Fl	City & State: Same as #2
Zip: 33179 Country: USA	Zip: Same as #2 Country: Same as #2

4. Date Incorporated or Qualified To Do Business in Florida: 11/14/2002

5. FEI Number: 16-1645907 ☐ 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: William M. Pavlov, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1400 NE Miami Gardens Drive

Suite, ~~Apt. #, Etc.~~: 219

City: N. Miami Beach State: FL Zip Code: 33179

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 _____ Date 10/01/2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
	William M. Pavlov	1400 NE Miami Gardens Drive	N MB 33179
	PRESIDENT		

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: William M. Pavlov, Esq. PRESIDENT 10/02/2003 (305)944-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 10/20

LEGAL CLINIC, P. A.
WILLIAM M. PAVLOV, ESQ.
Attorney at Law

Suite 219
1400 N.E. Miami Gardens Drive
North Miami Beach, Florida 33179
(305) 944-7779
(305) 944-7787 Facsimile

Admitted to Practice in Texas, New York & Florida

October 2, 2003

Florida Department of State
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
PO Box 6327
Tallahassee, Florida 32314

RE: LEGAL CLINIC, P.A
2003 Uniform Business Report

Dear Sir/ Madam:

Please be advised that we never received the 2003 Uniform Business Report at our address at 1400 NE Miami Gardens Drive, Suite 219, N. Miami Beach, Florida 33179.

Please reinstate Legal Clinic, P.A. as per the enclosed form.

Enclosed is a check for $150.00.

Sincerely,

William M. Pavlov