


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 29 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000129463	
1. Entity Name LAKELAND PROFESSIONAL HEARING CENTER, INC.	

Principal Place of Business 5375 NORTH SOCRUM LOOP ROAD LAKELAND, FL 33809	Mailing Address 1412 WYNGATE LANE LAKELAND, FL 33809
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

11142007 REIN-P CR2E098 (1/07)



4. FEI Number 20-3519824	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHOWALTER, TONYA L M.S. 1412 WYNGATE LANE LAKELAND, FL 33809	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00	Attached Letter
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHOWALTER, TONYA L M.S. 1412 WYNGATE LANE LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800112687218 11/29/07--01013--023 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHOWALTER, NATHAN J 1412 WYNGATE LANE LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11/20/07 Daytime Phone #

MICHAEL E. DOLCE CPA, P.A.
CERTIFIED PUBLIC ACCOUNTANT

1708 MOCKINGBIRD LANE
LAKELAND, FLORIDA 33801

PHONE (863) 688-6685
FAX (863) 688-5293

November 14, 2007

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


Re: Corporation Reinstatement
Lakeland Prof. Hearing Center, Inc.
Document #P05000129463

Dear Sir/Madam:

Please be advised that the taxpayer is unaware of receiving the annual report notice. They did receive a postcard stating the corporation had been dissolved on September 14, 2007 and they are now submitting the paperwork. We are asking that you waive the \$600.00 reinstatement fee. Enclosed is a check for \$150.00 for the Annual Report Fee for 2007.

Thank you for your assistance in this matter. If you have any questions please contact me or the taxpayer.

Very truly yours,



Michael E. Dolce

MED/kd

Enclosures