

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -6 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000046753**

1. Corporation Name

GARY LENSON, S.M.C., P.A

Principal Place of Business

Mailing Address

8360 W. Oakland Park Blvd P.O. Box 16543
W. ROSENTHAL & WOLPERT, P.A.
800 EAST CYPRESS CREEK RD. SUITE 303
FT. LAUDERDALE FL 33334
Ft. Lauderdale, FL 33351

W. ROSENTHAL & WOLPERT, P.A.
800 EAST CYPRESS CREEK RD. SUITE 303
FT. LAUDERDALE FL 33334
Plantation, FL 33318

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

8360 W. Oakland Park Blvd P.O. Box 16543

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

Fort Lauderdale FL

Plantation FL

Zip

Country

Zip

Country

33351

USA

33318

USA

REINSTATEMENT *96*

4. Date Incorporated or Qualified To Do Business in Florida

08/25/1983

5. FEI Number

65-0432171

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 After 1 year in compliance
Test of 1 year in compliance

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LENSON, GARY	800 E CYPRESS CREEK RD. #303 8360 W. Oakland Park Blvd.	FT. LAUDERDALE FL 33334 Ft Lauderdale, FL 33351
			000002000790--2 -11708795--01090--022 ****375.00 ****375.00
			<i>JB11-7-96</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSENTHAL, STUART S
800 EAST CYPRESS CREEK ROAD
SUITE 303
FT. LAUDERDALE FL 33334

555 SW 12th Ave
Suite 101
Pompano Beach, FL
33069

Name
Stuart S. Rosenthal
Street Address (P.O. Box Number is Not Acceptable)
555 S.W. 12 Avenue
Suite, Apt. #, Etc.
Suite 101
City
Pompano Beach
State
FL
Zip Code
33069

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/17/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on Intangible tax.)

12. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

10/16/96

Date

Daytime Phone #

954
5729902

CR2500 (7/96)