PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000063280**

1. Corporation Name

KOLTUN & LAZAR, P.A.

Principal Place of Business	Mailing Address
7000 SW 97TH AVE 210 MIAMI FL 33173	7000 SW 97TH AVE 210 MIAMI FL 33173

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

800023881998
10/17/03--01031--004 **150.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/10/1993

5. FEI Number: 65-0434282 ☐ Applied For ☐ Not Applicable

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

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	4 City / State / Zip
D	KOLTUN, DENNIS A	7000 SW 97TH AVENUE 210	MIAMI FL 33173

REINSTATEMENT

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KOLTUN, DENNIS A 7000 SW 97TH AVENUE #210 MIAMI FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Dennis A. Kolt — Date: 10/13/03
REGISTERED AGENT MUST SIGN

11. 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: Dennis A. Kolt — 10/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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KOLTUN & LAZAR, P.A.
ATTORNEYS AT LAW

Sunset International West
7000 S.W. 97th Avenue
Suite 210
MIAMI, FLORIDA 33173

DADE (305) 595-6791
BROWARD (954) 522-0660
FAX (305) 595-5400

DENNIS A. KOLTUN
SCOTT A. LAZAR

JEFFREY N. ANDERSON

IRIS KRINSKY, C.L.A.S.
Certified Legal Assistant

October 13, 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Division of Corporations
Annual Report /
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Koltun & Lazar, P.A.
Document No. P93000063280

Dear Sirs:

Receipt of the Notice of Administrative Dissolution or Revocation re the above corporation is acknowledged. On Friday, October 10, 2003 the undersigned promptly contacted your office and spoke with Sean Tomer.

To the best of our knowledge, the initial Notice re the 2003 Corporate Annual Return was never received by our office. We are enclosing herewith, pursuant to Mr. Tomer's instructions, original Reinstatement Application, properly completed, together with firm check in the amount of $150.00.

Please do not hesitate to contact the undersigned should you have any questions, etc.

Thank you in advance for your anticipated prompt attention herein.

Very truly yours,

KOLTUN & LAZAR, P.A.

Iris Krinsky, C.L.A.S.
Enclosures