

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 10 PM 1:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA5000007738

1. Corporation Name

Lakemont Clinic INC.

2. Principal Office Address

1870 Aloma Avenue

3. Mailing Office Address

1870 Aloma Avenue

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

110

City & State

Winter Park

City & State

Winter Park

Zip

32789

Country

USA

Zip

32789

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/25/1995

5. FEI Number

59-3278541

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

Tim Fennell

Street Address (P.O. Box Number is Not Acceptable)

1870 Aloma Ave

Suite, Apt. #, Etc.

110

City

Winter Park

State
FL

Zip Code

32789

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

Tim Fennell

REGISTERED AGENT MUST SIGN

Date

9-9-03

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
<u>P</u>	<u>Fennell Timothy</u>	<u>1870 Aloma Ave #110</u>	<u>Winter Park 32789</u>

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: Tim Fennell

Tim Fennell

Date

9-9-03

Daytime Phone #

407 629-2883

CR2E081 (10/02)

2 9/10

LAKEMONT CLINIC INC.
1870 ALOMA AVENUE SUITE 110
WINTER PARK FLORIDA 32792
407-629-2883

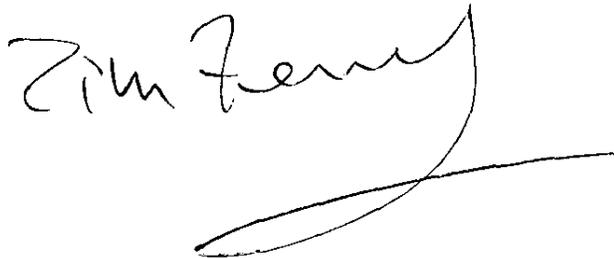
09/09/03

I am writing to request waiver of \$600 reinstatement fee due to not receiving dissolution notice. After speaking to Ruby from your office they had the wrong mailing typo error for registered agent on LAKEMONT CLINIC INC.

FEI Number 593278541

Thank you

Tim Fennell President

A handwritten signature in black ink that reads "Tim Fennell". The signature is written in a cursive style and is positioned below the typed name. A long, horizontal flourish extends from the bottom of the signature.