

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		995000015490	
1. Corporation Name		Lisa O'Neill, P.A.	
Principal Place of Business		Mailing Address	
9401 SW 60th Ct. Miami, FL 33156			
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	
Tew, Landenas, et al		200 S. Biscayne Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2600			
City & State		City & State	
Miami, FL		Miami, FL	
Zip		Zip	
Country		Country	
33131		33131	
4. Date Incorporated or Qualified To Do Business in Florida		2/23/95	
5. FEI Number		65-0560991	
CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$6.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/O	Lisa O'Neill	9401 SW 60th Ct.	Miami, FL 33156
REINSTATEMENT 97-98			
SL 9-21-98			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Lisa O'Neill		Name	
9401 SW 60th Ct.		Street Address (P.O. Box Number is Not Acceptable)	
Miami, FL		Suite, Apt. #, Etc.	
33156		City	
		State FL Zip Code	
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		Date	
Lisa O'Neill		6/24/98	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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:		6/24/98 305-663-2638	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
Lisa O'Neill President			