

P95000054284

APPROVED AND FILED

(1)

1997 NOV -4 AM 10:41

DO NOT WRITE IN THIS SPACE

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Head Office on One Side (Other Mailing Office)
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000054284

Darryl L. Lewis, P.A.
514 S.E. 7th Street
Fort Lauderdale, Florida 33301

If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida
7-13-95

4. FEI Number

X FEI Number Applied For
FEI Number Not Applicable

5. \$0.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1. Title	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 and State
P	Darryl L. Lewis	514 Southeast 7th Street	Fort Lauderdale, Florida
			500002338875--5 -11/05/97--01067--029 ****915.00 ****915.00
			REINSTATEMENT

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent and/or Office

7. Name and Address of Current Registered Agent

Dominique Leroy
169 E. Flager Street
Suite 1428
Miami, Florida 33131

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

Zip

FL

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0535, F.S.

Signature of Registered Agent

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/25/97

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

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 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Signature of Officer or Director

Date

10-25-97

Daytime Phone #

(954) 764-0588

Application for Employer Identification Number
 (For use by employers, corporations, partnerships, trusts, estates, churches,
 government agencies, certain individuals, and others. See instructions.)

EIN _____
 OMB No. 1545-0003

► Keep a copy for your records.

(2)

1 Name of applicant (Legal name) (See instructions.)
Darryl L. Lewis, P.A.

2 Trade name of business (if different from name on line 1) _____

3 Executor, trustee, "care of" name
NA

4a Mailing address (street address) (room, apt., or suite no.)
514 Southeast 7th Street

4b City, state, and ZIP code
Fort Lauderdale, FL 33301

5a Business address (if different from address on lines 4a and 4b) _____

5b City, state, and ZIP code _____

6 County and state where principal business is located
Broward County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► 405-92-7291

Darryl L. Lewis

8a Type of entity (Check only one box.) (See instructions.)

Sole proprietor (SSN) 405 92 7291

Partnership Personal service corp.

REMIC Limited liability co.

State/local government National Guard

Other nonprofit organization (specify) ► _____ (enter GEN if applicable)

Other (specify) ► _____

Estate (SSN of decedent) _____

Plan administrator-SSN _____

Other corporation (specify) ► _____

Trust Farmers' cooperative

Federal Government/military Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State NA Foreign country NA

9 Reason for applying (Check only one box.)

Started new business (specify) ► Legal Service Provider

Banking purpose (specify) ► _____

Changed type of organization (specify) ► _____

Purchased going business

Created a trust (specify) ► _____

Hired employees

Created a pension plan (specify type) ► _____

Other (specify) ► _____

10 Date business started or acquired (Mo., day, year) (See instructions.)
January 1, 1996

11 Closing month of accounting year (See instructions.)
December 31

12 First date wages or annuities were paid or will be paid (Mo., day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ► NA

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) . 0

Nonagricultural Agricultural Household

14 Principal activity (See instructions.) ► Law Office

15 Is the principal business activity manufacturing? Yes No

If "Yes" principal product and raw material used ► _____

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail) Other (specify) ► _____

Business (wholesale) N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► NA Trade name ► NA

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year): City and state where filed

NA NA Previous EIN _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Darryl L. Lewis (President)

Name and title (Please type or print clearly.) ► _____

Business telephone number (include area code)
(954) 764-0588

Fax telephone number (include area code)
(954) 764-0598

Signature ► [Signature] Date ► 10/25/97

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying