

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 27 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000010828**

1. Corporation Name

LAWRENCE J. SCANLON, P.A.

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-08/21/01--01072--024
****900.00 ****900.00

REINSTATEMENT 00-01

2. Principal Office Address 2500 N. Military Trail Suite, Apt. #, etc. Suite 480 City & State Boca Raton, FL Zip 33431 Country USA		3. Mailing Office Address 2500 N. Military Trail Suite, Apt. #, etc. Suite 480 City & State Boca Raton, FL Zip 33431 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 2/4/97	
5. FEI Number 58-2304424	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Croyle, Philip J.	
Street Address (P.O. Box Number is Not Acceptable) 2500 N. Military Trail	
Suite, Apt. #, Etc. Suite 480	
City Boca Raton	State FL
	Zip Code 33431

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 *[Signature]* Date 7/13/01
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Scanlon, Lawrence J.	2500 N. Military Trail Suite 480	Boca Raton, FL 33431

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: *[Signature]* **LAWRENCE J. SCANLON, RSO, P.A.** Date 7/12/01 **852-5909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #