

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P8192

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P98000051127

1. Corporation Name

LONNIE TUMAN, P.A.

Principal Place of Business

Mailing Address

22512 MIDDLETOWN DRIVE
BOCA RATON FL 33428

22512 MIDDLETOWN DRIVE
BOCA RATON FL 33428

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1998

5. FEI Number

65-0845354

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TUMAN, LONNIE	22512 MIDDLETOWN DRIVE	BOCA RATON FL 33428

8000003441578--8

-10/27/00--01012--023

***150.00 ***150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELLIOT GREENE, P.A.
23123 STATE ROAD 7
SUITE 350-B
BOCA RATON FL 33428

Name

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

Suite, Apt. #, Etc.

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/00
Date

561 866 0063
Daytime Phone #

Pg 292

10/12/00

To whom it may concern,

Please accept this annual report and a check for \$ 150.00. It is possible that I did not receive the report this year. I realize that it is ultimately my responsibility to mail the report in anyway, and will be more careful in the future.

Thankyou,

Lonnie Tuman

Lonnie Tuman