

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084370

1. Corporation Name

LABORDE AND LANESE SERVICE CORPORATION

Principal Place of Business

6101 WEBB RD, STE 107
TAMPA FL 33615

Mailing Address

6101 WEBB RD, STE 107
TAMPA FL 33615

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

09/30/1998

5. FEI Number

59-3537288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LABORDE, JOEL M.D.	6101 WEBB RD, STE 107	TAMPA FL 33615
D	LANESE, JOSEPH W M.D.	6101 WEBB RD, STE 107	TAMPA FL 33615
			500003027005--7 -10/27/99--01096--011 *****8.75 *****8.75
			500003027005--7 -10/27/99--01096--012 *****150.00 *****150.00
			LS

8. Name and Address of Current Registered Agent

BERGEN, AMY LEWIS
401 E JACKSON ST, STE 2500
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name
Joel Laborde MD
Street Address (P.O. Box Number is Not Acceptable)
6101 WEBB RD
Suite, Apt. #, Etc.
STE 107
City
TAMPA
State
FL
Zip Code
33615

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Joel Laborde MD
REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/14/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Laborde MD
vice-President

Date

10/14/99 (813) 884-7971

Daytime Phone #

JOËL LABORDE, M.D.
JOSEPH W. LANESE, M.D.

DIPLOMATES OF THE AMERICAN BOARD OF INTERNAL MEDICINE

2

October 13, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Yesterday, we received a notice of administrative dissolution or revocation of our corporation. This came to us as a big surprise since we never received any notice to file our corporation annual report. Since this is our first year as a corporation we did not know we were to receive such a notice. Yesterday our office contacted your office and spoke to Mr. Sean Toner who kindly understood our situation. He stated that since we had not received prior notification to file an annual report, we would need to send the enclosed application, the original fee of \$150, and this letter of explanation. Please place us on your list so that next year we will receive the appropriate notification in a timely manner. Thank you for your cooperation.

Respectfully,



Laborde & Lanese Service Corporation