PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM. DOWN 12
APPLICATION FOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED
DOCUMENT # P99ØØØØ11912		00 NOV 15 PM 2:55	
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Mary B. Lewis, P.A.			TALLAHASSEE, FLÖRIDA
Principal Place of Business	Mailing Address		,
8062 Bangle Lane 717 East Oak Street Orlando, FL 32836 Kissimmee, FL 34744			
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			DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For
City & State	City & State		59-3556525 Not Applicable 6. \$8.75 Additional Fee required
Zip Country	Zip Country	<i>y</i>	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
Names and Street Addresses of Each Officer and/o Name of Officers	Stre	eet Address of Each	
Title(s) and/or Directors Officer and/or Directors Office Bo		icer and/or Director se Post Office Box N	Jumbers) City / State / Zip
P,S,D Mary B. Lewis	8062 Bang	le Lane	Orlando, Ft 32836
		š t	700034881774 -12/05/0001103007 ****150.00 *****150.00
	,	OD Gr	27 78
8. Name and Address of Current Registered Agent		Name	9. Name and Address of New Registered Agent
Harry J. Swart, CPA 717 East Oak Street		Street Address (P.O. Box Number is Not Acceptable)	
Kissimmee, FL 34744		Suite, Apt. #, Etc.	
		City	State 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 11/10/00			
	GISTERED AGENT MUST SIGN		(See other side for
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X No X			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: MAN AND SIGNATURE OF SIGNING OFFICER OF DIRECTOR			Date Daytime Phone #





SWART BAUMRUK & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS . BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA ANDY J. BAUMRUK, CPA

November 10, 2000

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

RE: Mary B. Lewis, P.A.

To Whom It May Concern:

Attached is a completed Application for Reinstatement for our client, Mary B. Lewis, P.A. and their payment of \$150.00. Our client did not receive their Annual Report Form. To ensure that the report is received and filed in a timely manner, we have changed the mailing address of the corporation to our office. We ask that you abate the penalty for the reasons stated above.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Harry J. Swart, CPA

Enclosures