

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

Pglal2

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000098156

1. Corporation Name

LAIR C. HALL, P.A.

Principal Place of Business

Mailing Address

16941 SW 119TH CT
MIAMI FL 33177

16941 SW 119TH CT
MIAMI FL 33177



00 NOV -8 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 |
|---------------|---|--|-------------------------|
| PRESIDENT | LAIR C. HALL | 16941 S.W. 119 COURT MI | MIAMI, FLORIDA 33177 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

500003493145--6
-12/11/00--01030--006
*****150.00 *****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALL, LAIR C
16941 SW 119TH CT
MIAMI FL 33177

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

REGISTERED AGENT MUST SIGN

Date 10/27/2000

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

10/27/2000 305 984-4000
Date Daytime Phone #

LAIR C Hall, P.A.
16941 S.W. 119th Court
Miami, Florida 33177
305-984-4000

October 27, 2000

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

Re: Lair C. Hall, P. A., Document # P99000098156

Dear Sir/Madam:

I recently received a Notice of Administrative Dissolution or Revocation. This letter is to clarify that Lair Hall, P.A. paid Check # 1034 in the amount of \$150.00 on April 17, 2000 and to date this check has not cleared our Bank.

I called your office in June when I received the first notice that I did not pay the 2000 Corporate annual report and your staff told me not to worry about the notice because the processing of the check took some time.

I recently called your office once I got this Notice of Dissolution and your staff told me to write a letter and send an additional check or money order in the amount of \$150.00.

Enclosed is a check for \$150.00 and the reinstatement form.

If there are any other problems, please contact me at the above address.

Thanks



Lair C. Hall