

FROM : EMPIRE CORPORATE KIT CD

FAX NO. : 305 638302

Aug. 30 2004 02:06PM P2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 SEP -2 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # **V45003**

1. Corporation Name
Richard B. Lehman, D.C.P.A

2. Principal Office Address 9801 NE 2nd Ave		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Shores Fl.		City & State	
Zip 33138	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
650357073

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent


Name **Richard B Lehman, DC**

Street Address (P.O. Box Number is Not Acceptable)
9801 NE 2nd Avenue

Suite, Apt. #, Etc.

City **Miami Shores, Fl.** State **FL** Zip Code **33138**

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.

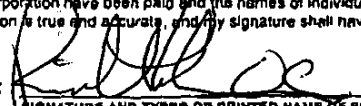
Signature of Registered Agent  Date **8/30/04**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Richard B. Lehman	10295 Collins Ave #615	Bal Harbour, FL 33154

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., (not 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:  **Richard B Lehman, DC** Date **8/30/04** (305) **757-2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

RICHARD B. LEHMAN, D.C.

9801 N.E. Second Avenue
Miami Shores, FL 33138
Tel: 305-757-2900
Fax: 305-758-6619

8/30/04


Florida Dept. of State
Secretary of State
Tallahassee, Fla.

Re: Richard B. Lehman, D.C. P.A.
Document number: V45003

Dear Sir/Madam:

Please be advised that I am applying for reinstatement of my corporation. I have moved two years ago from 9325 NE 6th Ave. Miami Shores, Fl. 33138, and have not received my yearly annual notice from you. The above is my current address. I hope you can waive any penalties that may have incurred.

Thanking you in advance,


Richard Lehman, D.C.



Charter Number Only

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8/30/04

Ivan A. Scheritzer

Requestor's Name

Address

00071

City

State

ZIP

Phone


CORPORATION(S) NAME

Richard B. Lehman, D.C.P.A
V45003

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Pick Up
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

RECEIVED
 AUG 31 AM 10:22
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 ALLAHSEE, FLORIDA


 Empire Toll Free: 1-800-432-3028