

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 25 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *K11216*

1. Corporation Name

*LANCE P. RAIFFE, M.D., P.A.*

2. Principal Office Address

*4302 ALTON ROAD*

Suite, Apt. #, etc.

*SUITE 620*

City & State

*MIAMI BEACH, FL*

Zip

*33140*

Country

*USA*

3. Mailing Office Address

*4302 ALTON ROAD*

Suite, Apt. #, etc.

*SUITE 620*

City & State

*MIAMI BEACH, FL*

Zip

*33140*

Country

*USA*

700042166477  
10/25/91 01000-007 \*\*2207.50  
**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

*1/7/88*

5. FEI Number

*65-0020925*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*LANCE P. RAIFFE, M.D.*

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

*4302 ALTON ROAD*

Suite, Apt. #, Etc.

*SUITE 620*

City

*MIAMI BEACH,*

State

*FL*

Zip Code

*33140*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *10-22-01*

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
P/D	LANCE P. RAIFFE	4302 ALTON ROAD #620	MIAMI BEACH, FL 33140

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., 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)(f), 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:

*LANCE P. RAIFFE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-22-01*

Date

*305-538-8658*

Daytime Phone #

CR2001 (07/04)

20f2

**JAY SERBIN, CPA, P.A.**  
***Certified Public Accountant***  
**9600 WEST SAMPLE ROAD, SUITE 501**  
**CORAL SPRINGS, FLORIDA 33065**

(954)346-1996  
fax (954)346-1970  
email: cpajay@aol.com

October 8, 2004

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

Re: Lance P. Raiffe, M.D., P.A.  
Document Number: K11216

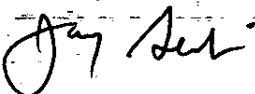
Gentlemen:

Enclosed please find the *Corporation Reinstatement Form* for the above referenced corporation as well as a check payable to the *Department of State* in the amount of \$2,207.50.

This corporation was not receiving the annual renewals of its annual report due to an incorrect address on file. This was discovered only by checking the status online. For this reason, we respectfully request that you waive the fee of \$600 for reinstatement and accept the enclosed payment to bring this corporation current.

We thank you in advance for your cooperation in this matter.

Sincerely,



JAY SERBIN

JS:

Enclosures

cc: Lance P. Raiffe, M.D., P.A.