

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # 770263
 1. Corporation Name
WORTH PROFESSIONAL PARK ASSOCIATION, INC.

00 DEC 11 PM 4:47

Principal Place of Business Mailing Address
 3046 S. CONGRESS AVE 3046 S. CONGRESS AVE
 LAKE WORTH FL 33461 LAKE WORTH FL 33461



04-23-00 90011 019 561.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country
 4. Date Incorporated or Qualified To Do Business in Florida
 09/15/1983
 5. FEI Number
 65-0122657
 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WEINER, ERIC M	3199 LAKE WORTH RD	LAKE WORTH FL
VD	PISANI, ANTHONY	3199 LAKE WORTH RD	LAKE WORTH FL
T	BARRAMEDA, JESUS	141 ALCAZAR ST.	ROYAL PALM BEACH FL
SD	O'BRIEN, ROBERT	4620 LEE HWY, STE 202	ARLINGTON VA

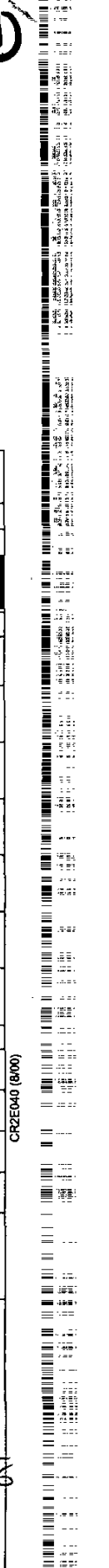
8. Name and Address of Current Registered Agent
D'ANGIO, ROBERT A., JR.
 218 DATURA ST.
 BOX 3746
 WEST PALM BEACH FL 33402

9. Name and Address of New Registered Agent
 Name
D'ANGIO, ROBERT A., JR.
 Street Address (P.O. Box Number is Not Acceptable)
 685 Royal Palm Beach Blvd.,
 Suite, Apt. #, Etc.
 Suite 205
 City
 Royal Palm Beach
 State
 FL
 Zip Code
 33411

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 *[Signature]* REGISTERED AGENT MUST SIGN
 Date 12/4/00

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 12/30/00
 Daytime Phone # 561-433-1556



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BLACKWOOD & COMPANY, PA
CERTIFIED PUBLIC ACCOUNTANTS

3046 S. CONGRESS AVENUE
Lake Worth, Florida 33461
(561) 965-4500
(561) 965-6789 Fax

December 7, 2000

Mr. Sean Toner
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

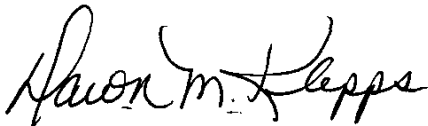
RE: Document # 770263
FEI # 65-0122657

Dear Mr. Toner,

We have been informed that in April 2000, the Uniform Business Report for Worth Professional Park Association Inc, was returned with a letter stating an officers signature was required. We have no record of receiving such a letter, or the original UBR. We are therefore requesting the reinstatement fee be waived .

Thank you in advance for your cooperation in this matter.

Sincerely,



Dawn M. Klepps
Office of Thomas B. Blackwood, CPA

dmk