

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001161

1. Corporation Name

FLORIDA PRISONERS LEGAL AID ORGANIZATION, INC.

Principal Place of Business

Mailing Address

15232 E. COLONIAL DR.
ORLANDO FL 32826

15232 E. COLONIAL DR.
ORLANDO FL 32826

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

03/03/1994

5. FEI Number

59-3255961

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	BURNS, TERESA A	15232 E COLONIAL DROVE	ORLANDO FL 32826
SD	POSEY, BOBBY G	1150 S.W. ALLAPATTAH RD.	INDIANTOWN FL 34956
TD	MCGLAMRY, DARRYL J	1150 S.W. ALLAPATTAH RD.	INDIANTOWN FL 34956
D	BAUER, DAVID WALTER	4509 N ARMENIA AVE	TAMPA FL

300023759443
10/13/03 01088 003 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURNS, TERESA A
15232 E. COLONIAL DR.
ORLANDO FL 32826

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. or 617.0505, F.S.

Signature of Registered Agent

Teresa A. Burns

REGISTERED AGENT MUST SIGN

Date

10-10-03

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.

407-568-7877

SIGNATURE:

Teresa A. Burns Teresa A. Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-03

CR2E040 (7/03)

Florida Prisoners
Legal Aid Org.

15232 E. Colonial Drive
Orlando FL 32826
Parole Project

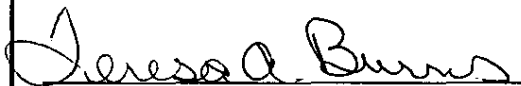
Phone: 407-568-0200
Fax: 407-568-0200
Email: fplp@aol.com
Web page www.fplao.org

October 10, 2003

To Whom it May Concern,

This is to inform you that I did not receive the uniform business report notices. We have had some minor problems with our mail delivery here, I'm not sure if that had anything to do with it or not. In any case I am sending the filing fee along with this letter as per the instructions. If you need further information you can write me at the above address or email me at www.fplp@aol.com .

Sincerely,



Teresa A. Burns