PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P01000121654

1. Corporation Name

L R Hanapel, P.A.

REINSTATEMENT 02-04
2/25/04 61070 011 1050.

2. Principal Office Address		**3.** Mailing Office Address	
15799 Shellcracker Road		15799 Shellcracker Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville		City & State: Jacksonville	
Zip: 32226	Country: USA	Zip: 32226	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 12/28/01

5. FEI Number 94-3414343 ☐ 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: David P Barley, Sr., CPA

Street Address (P.O. Box Number is Not Acceptable): 4887 Belfort Road

Suite, Apt. #, Etc.: Suite 201

City: Jacksonville | State: FL | Zip Code: 32256

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: D. P. Barley Sr. CPA — Date: 02/19/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres/Se	Lenore R Hanapel	15799 Shellcracker Road	Jacksonville, FL 32226

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)(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: L. R. Hanapel, PRES. — 3/17/04 (Date) — 904-945-3265 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. R. HANAPEL