

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**



11222004 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P03000086269</b> 1. Entity Name EMILY K. BUA, P.A.					
Principal Place of Business 709 PINE CREEK LANE NAPLES, FL 34108			Mailing Address 709 PINE CREEK LANE NAPLES, FL 34108		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>54-2120640</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUA, EMILY K 709 PINE CREEK LANE NAPLES, FL 34108				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Emily K. Bua President 709 Pine Creek Lane Naples, FL 34108		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Emily K. Bua P.A.</i>			Date: <i>12/30/04</i> Daytime Phone #: <i>239-261-6161</i>		

RSM McGladrey

PS 2 of 2

December 29, 2004

Florida Department of Revenue  
P.O. Box 6317  
Tallahassee, FL 32314

RSM McGladrey, Inc.  
5801 Pelican Bay Blvd., Ste. 500, Naples, FL 34108-2734  
O 239.596.0105 F 239.596.0487  
Ft. Myers O 239.337.0110  
www.rsmmcgladrey.com

Re: Emily K. Bua, P.A.  
EIN: 54-2120640  
2004 Annual Report  
Document No. PO300008626

Dear Sir or Madam:

We are writing this letter on behalf of our client, Emily K. Bua, P.A., in reference to the enclosed notice dated November 22, 2004.

In our previous letter dated October 30, 2004, copy enclosed, we verified that this was the taxpayer's initial filing year. The taxpayer was unaware of the annual report requirement and did not receive any notices of delinquency before the revocation notice was received. Specifically as stated in your November 22, 2004 correspondence, the taxpayer meets the provision for waiver of the reinstatement fee because she did not receive an original nor a second notice annual report.

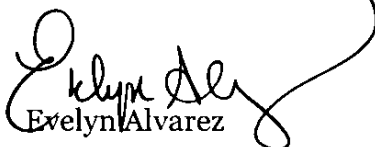
Based on these circumstances, we again, respectfully request an abatement of the penalty and reinstatement of the entity's corporate status.

We have enclosed a fully executed 2004 For Profit Corporation Reinstatement for filing along with a check in the amount of \$150 to represent the fee associated with this report.

If you have any questions on the above, please let us know.

Sincerely,

RSM McGLADREY, INC.



Evelyn Alvarez

Enclosures