

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **P94000003775**

1. Corporation Name  
**ANN MARTINO PRICE, P.A.**

FILED  
 97 JAN 17 AM 7:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**1801 AUSTRALIAN AVE. SOUTH  
 SUITE 102  
 WEST PALM BEACH FL 33409**

Mailing Address  
**1801 AUSTRALIAN AVE. SOUTH  
 SUITE 102  
 WEST PALM BEACH FL 33409**



**REINSTATEMENT** 96  
 MWB 1-21-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>2424 N. Federal Highway</b> Suite, Apt. #, etc. <b>460</b> City & State <b>Boca Raton FL</b> Zip <b>33431</b> Country <b>U.S.A.</b>	3. New Mailing Office Address, If Applicable <b>2424 N. Federal Highway</b> Suite, Apt. #, etc. <b>460</b> City & State <b>Boca Raton FL</b> Zip <b>33431</b> Country <b>U.S.A.</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>01/14/1994</b>
5. FEI Number <b>59-3220436</b>		Applied For <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Not Applicable <input type="checkbox"/>

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PS	PRICE, ANN	2112 N. 1ST. ST. STE. 200	TAMPA FL 33605

100002066141--R  
 -01/23/97--01057--003  
 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent <b>PRICE, ANN M 2112 NORTH 15TH STREET SUITE 200 TAMPA FL 33605</b>	9. Name and Address of New Registered Agent Name <b>Price, Ann M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>945 Brookdale Dr.</b> Suite, Apt. #, Etc. City <b>Boynton Beach</b> State <b>FL</b> Zip Code <b>33435</b>
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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: *Ann Price* Date **12-21-96**  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: *Ann Price* President  
**Ann Price**  
 Date **12-21-96** Daytime Phone # **561 391 0448**

CR2E040 (7/96)