

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

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

Mailing Address

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

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3220436

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for PS PRICE, ANN at 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

9. Name and Address of New Registered Agent

PRICE, ANN M
2112 NORTH 15TH STREET
SUITE 200
TAMPA FL 33605

Name Price, Ann M.
Street Address (P.O. Box Number is Not Acceptable)
945 Brookdale Dr.
Suite, Apt. #, Etc.
City Boynton Beach
State FL
Zip Code 33435

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

REGISTERED AGENT MUST SIGN

Date 12-21-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X]

(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

12-21-96

541 391 0448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)