

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**

98 JAN 12 AM 10:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000048617

1. Corporation Name

**Kotaiche & Associates, Inc.**

Principal Place of Business

P.O. Box 20708  
 St. Petersburg, FL 33742

Mailing Address

P.O. Box 20708  
 St. Petersburg, FL 33742

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

6/19/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0604897

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Nick Kotaiche	5046 - 73rd Avenue	Pinellas Park, FL 33781
			300002398513--5 -01/13/98--01075--005 ****150.00 ****150.00
			300002398513--5 -01/13/98--01075--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**Sandip I. Patel, Esq.**  
 Patel, Moore & O'Connor, P.A.  
 2240 Belleair Road, Suite 160  
 Clearwater, FL 33764

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	300002398513--5
Suite, Apt. #, Etc.	-01/13/98--01075--007 *****8.75 *****8.75
City	State Zip Code FL

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

*Sandip I. Patel*

REGISTERED AGENT MUST SIGN

Date 1/8/98

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:

*Nick Kotaiche*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/98 (813) 548-0611

Date Daytime Phone #

CR2E040 (1/2/96)

**REINSTATEMENT** *97-98*