

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -5 PM 1:04

DOCUMENT # 990000091536

1. Corporation Name  
JAMES G. VICKARYOUS, P.A.

2. Principal Office Address  
3117 Edgewater Dr.

3. Mailing Office Address  
3117 Edgewater Dr.

City & State  
Orlando, FL 32804

City & State  
Orlando, FL 32804

Zip  
32804 Country  
USA

Zip  
32804 Country  
USA

900018022729  
05/05/03--01112--002 \*\*\$600.00

4. Date Incorporated or Qualified To Do Business in Florida  
1998

5. FEI Number  
59-3544384

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
James G. Vickaryous

Street Address (P.O. Box Number is Not Acceptable)  
3117 Edgewater Dr.

Suite, Apt. #, Etc.

City  
Orlando, FL

State  
FL Zip Code  
32804

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 James G. Vickaryous Date 4-29-03

REGISTERED AGENT MUST SIGN

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
P	James G. Vickaryous	<u>3117 Edgewater Dr.</u>	<u>Orlando, FL 32804</u>

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: James G. Vickaryous Date 4-29-03 Daytime Phone # 386-316-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JAMES G. VICKARYOUS

5/9/03  
911

2

# JAMES G. VICKARYOUS, P.A.

ATTORNEY AT LAW

P.O. Box 804  
New Smyrna Beach, FL 32170  
386-424-1930 Off.  
386-424-1982 Fax.  
jvickar@yahoo.com

3117 Edgewater Drive  
Orlando, FL 32804  
407-246-1616 Off.  
407-422-1360 Fax.

REPLY TO: ORLANDO

April 29, 2003

VIA U.S. MAIL

ATTN: CORPORATE REINSTATEMENT DEPARTMENT  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: REINSTATEMENT OF JAMES G. VICKARYOUS, P.A.**

Dear Messrs.:

This correspondence is my request to waive the penalty fees associated with reinstating an administratively dissolved corporation. Over the past several years, I have not received an annual report at my new address. I previously had my law firm in Tampa, Florida. I moved my practice to Orlando, Florida (I live in New Smyrna Beach, Florida) in August 1999. It looks like I filed a corporate report in March 1999 and nothing else was ever filed. I apologize for this oversight and ask for an exception to be made in this case.

Enclosed is a signed corporation reinstatement form along with a check for \$600.00. Please call me at your earliest convenience if you need to speak to me personally or need more documentation.

Best regards,

  
James G. Vickaryous, Esq.

Enclosures