

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 KENNETH J. HARRIS
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED

01 MAR -7 PM 3:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000091786

1. Corporation Name
ANDREW MARLOWE, M.D., P.A.

Principal Place of Business Mailing Address
~~5741 BEE RIDGE RD., S-260~~ ~~5741 BEE RIDGE RD. - G-260~~
 SARASOTA FL 34233 SARASOTA FL 3423J



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

2. New Principal Office Address, If Applicable 5432 Bee Ridge Rd. Suite, Apt. #, etc. Suite 140 City & State Sarasota, FL Zip 34233 Country USA	3. New Mailing Office Address, If Applicable 5432 Bee Ridge Rd. Suite, Apt. #, etc. Suite 140 City & State Sarasota, FL Zip 34233 Country USA
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4. Date Incorporated or Qualified To Do Business in Florida 10/27/1998
5. FEI Number 65-0879521
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MARLOWE, ANDREW	5741 BEE RIDGE RD. - G-260 5432 Bee Ridge Rd., Ste 140	SARASOTA FL 34233

8. Name and Address of Current Registered Agent
THOMAS, LEIGH E
 1515 RINGLING BLVD., S-900
 SARASOTA FL 34236

9. Name and Address of New Registered Agent
 Name
 Leigh E. Steiner
 Street Address (P.O. Box Number is Not Acceptable)
 1515 Ringling Blvd.
 Suite, Apt. #, Etc.
 Suite 900
 City
 Sarasota
 State
 FL
 Zip Code
 34236

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 Leigh E. Steiner Date January 19, 2001
 REGISTERED AGENT MUST SIGN

11. 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: [Signature] Date 1/12/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)

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March 2, 2001

Subject: Andrew Marlowe, M.D., P.A.

Ref. Number: P9800009178

Dear M. Sellers:

The corporation Andrew Marlowe, M.D., P.A. did not receive the notices your office sent to its old address at 5741 Bee Ridge Rd., Ste. S-260. None of the notices were forwarded to us at this address until we received a notice that the corporation was administratively dissolved in September, 2000. We changed accountants in 2000 and our lawyer was married and changed names during that time and neither of these people informed us that we needed to re-file prior to the anniversary of our incorporation.

We respectfully request a review of our situation and acceptance of our check for \$300.00 for re-incorporation for Andrew Marlowe, M.D., P.A., at 5432 Bee Ridge Rd., Ste. 140, Sarasota, FL 34233.

If you have any questions concerning this filing, please call (941) 379-3277. Thanks for your prompt attention to this matter.

Jeanne Marlowe