PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P99000009691

1. Corporation Name

ANDREW A. REICH, P.A.

Principal Place of Business

Mailing Address

2601 N.E. SABAL PALM WAY JENSEN BEACH FL 34957

2601 N.E. SABAL PALM WAY JENSEN BEACH FL 34957

FILED SOMETARY OF STATE STON OF CORPORATIONS

00 NOV -1 PM 5:11

If above addresses are incorrect in any way, fine through incorrect information and enter correction below.						UCINOINIEMI OO			
				ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 01/28/1999			
Suite, Apt. #, etc. Suite, Ap				#, etc.		5. FEI Number Applied For			
City & Stat	te		City & State			65-09	304186	Not Applicable	
Zíp Country			Zíp		Country	CERTIFICAT		Secondaria Security S	
7. Names	and Street Add	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations must list at le	ast 3 directors)			
Title(s) Name of Officers and/or Directors 1 2				Street Address of Officer and/or Di			City / State / Zip		
D	REICH, ANDREW A			2601 N.E. SABAL PALM WAY			JENSEN BEACH FL 34957		
						7	00003468	8377	
							00003468 -11/17/000 ****750.00	****750.00	
						John William	\15		
	2 Nam	a and Address of Curren	at Penistered An	ant .		9 Name and	Address of New Registered A	gent	
8. Name and Address of Current Registered Agent					Name				
REICH, ANDREW A 2601 N.E. SABAL PALM WAY					Street Address (Street Address (P.O. Box Number is Not Acceptable)			
JENSEN BEACH FL 34957					Suite, Apt. #, Etc.				
			1	-1	City		State F L	Zip Code	
10. 1, bein Signature Registered	of	1 Charles 1	bove permed coffo	<u> </u>	amiliar with and accept the o	obligations of Sect	ion 607.0505, F.S. Date	00	
this rei	instatement app	olication, the reason for dis	solution has beer	eliminated.	the corporate name satisfies	s the requirements	apter 607 or 617, F.S. I further of sof section 607,0401 or 617,040 der section 119,07(3)(i), F.S. T	01, F.S., that all fees {	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR