

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S28257**

1. Corporation Name
JOHN A. MAJESTIC, P.A.

Principal Place of Business Mailing Address
 7714 MASSACHUSETTS AVE 7714 MASSACHUSETTS AVE
 NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/28/1991	
City & State		City & State		5. FEI Number	
Zip		Country		59-3048781	
				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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MAJESTIC, JOHN A.	7714 MASSACHUSETTS AVE	NEW PORT RICHEY FL

300008783113
 11/04/02--01063--018 *758.75
 158.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MAJESTIC, JOHN A. 7714 MASSACHUSETTS AVE NEW PORT RICHEY FL 34653		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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. or 617.0505, F.S.

Signature of Registered Agent: *John A. Majestic* REGISTERED AGENT MUST SIGN Date: 10-31-2002

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: *John A. Majestic* **JOHN A. MAJESTIC** Date: 10-31-2002 Daytime Phone #: 727-846-1192

CR2E040 (802)

JOHN A. MAJESTIC, P.A.

ATTORNEY AT LAW

7714 MASSACHUSETTS AVENUE
NEW PORT RICHEY FL 34653

TELEPHONE: 727-846-1192
FAX: 727-846-1882

October 31, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314

RE: Corporation name - John A. Majestic, PA
Document number - S28257

Dear Sirs/Mesdames:

I am in receipt of your Notice of Administrative Dissolution or Revocation concerning the above-referenced Professional Association.

It is clear that due to our oversight the 2002 annual report was not sent in. It was found recently behind a filing cabinet.

It is my good faith belief that we did not receive the two (2) "prior uniform business report" (UBR) notices, as I have not seen them nor has my secretary. I will not speculate as to why we did not receive them.

Enclosed herewith is our completed application for reinstatement and the appropriate UBR filing fee, and an additional \$8.75 for a certificate of status, if and when this entity is reinstated.

Sincerely,



JOHN A. MAJESTIC

JAM:crf
encl.