

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING **APPROVED**

APPLICATION  
FOR *reinstatement*  
REINSTATEMENT



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

**AND  
FILED**

1996 DEC -6 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 273325

1. Corporation Name  
Fletcher, Bryan & Associates, Inc.

Principal Place of Business Mailing Address  
702 N. Franklin Street P.O. Box 1348  
Tampa, FL 33602 Tampa, FL 33601

500002024305--6  
-12/10/96--01047--005  
\*\*\*1297.50 \*\*\*1297.50

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable 401 E. Jackson Street Suite, Apt. #, etc. Suite 1700 City & State Tampa, FL 33602 Zip 33602		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Country USA		4. Date Incorporated or Qualified To Do Business in Florida 9/3/63	
				5. FEI Number 59-1022352	
				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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P D	James A. Orchard	220 S. Ridgewood Avenue	Daytona Beach, FL 32115
S T VP	Laurel L. Grammig	401 E. Jackson Street Suite 1700	Tampa, FL 33602

**REINSTATEMENT**

*ad-gu  
1/10/96  
12/10/96*

8. Name and Address of Current Registered Agent Bruce G. Geer 702 N. Franklin Street Tampa, FL 33602		9. Name and Address of New Registered Agent Name Laurel L. Grammig Street Address (P.O. Box Number is Not Acceptable) 401 E. Jackson Street Suite, Apt. #, Etc. Suite 1700 City Tampa State FL Zip Code 33602	
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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: *Paul A. Grammig* REGISTERED AGENT MUST SIGN Date: December 4, 1996

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Paul A. Grammig* December 4, 1996 813-222-4277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR3ED040 (12/95)