


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		99 JUN -3 11:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>APPLICATION FOR</b> 99 AR		<b>DOCUMENT #</b> 579751		
1. Corporation Name Law Offices of H. William Scovill, P.A.				
Principal Place of Business 1605 Main Street, Suite 912 Sarasota, Florida 34236		Mailing Address 1605 Main Street, Suite 912 Sarasota, Florida 34236		
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 July 20, 1978
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1834045
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4	
	H. William Scovill	1605 Main Street, Ste. 912 President & Director	Sarasota, Florida 34236	
700002902237-6 -06/11/99--01073--019 ****150.00 ****150.00 98-99 TS				
8. Name and Address of Current Registered Agent Evelyn Scovill 1605 Main Street, Suite 912 Sarasota, Florida 34236			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
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: <i>Evelyn Scovill</i> REGISTERED AGENT MUST SIGN Date: 6-1-99				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)				
12. 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: <i>H. W. Scovill</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 6-1-99	Daytime Phone #: 941-365-2252

CR2E081 (12/98)