PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT	ION
REINSTATEM	ENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

06 MAY -2 PM 3: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOC	UMEN	T #	677978
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1. Corporation Name

2701	S. BAYS	STREEMAN & ASSO SSHORE DRIVE, SU DVE, FL 33133		/•A•			DHE TON				343537 6025 **6(ı
2. Principa	oal Office Addre	ress	3. Mailing Of	Office Addre	 ess	,	H	insi	Alt	.W	MENT_03-	06	وأريينا فاستدا
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I		I-ANN R. FREEMA	· · · · · · · · · · · · · · · · · · ·		_					_			
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ı	City				_				State FL	1 '	Zip Code	,	f
<u></u> '		ONUT GROVE								_	33133		
Signature of Registered	of	ne registered agent of the abo	bove named corpor				ept the obli	gations of secti			or 617.0503, F.S.		
9. Names	s and Street /	Addresses of Each Officer an		_			st list at lea	st 3 directors)		_			
Titles		Name of Officers and/or Directors				Street Addres Officer and/or	ss of Each			_	City / State / Zi	.ip	
PD	EDDI-A	NN R. FREEMAN		2701	S	BAYSHORE	DRIVE	, #401	COCO	NUT	r GROVE, FL	331	ر33
V	JOYCE (SHAPIRO		2701	S	BAYSHORE	DRIVE	, #401	COCO	NUT	GROVE, FL	331	133
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40 Lacris	by that I am ar	officer or director or the rece	eiver or trustee e	mnowered (in e	evecute this applic	cation as pr	nvided for in ch	nanter 607 c	or 61 ⁻	7 F.S. I further certif	iv that wh	nen 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



March 10, 2006

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Eddi-Ann R. Freeman & Associates, P.A.

Document No.: 677978 - Report Yrs - 2003, 2004, 2005 € 2006

Dear Sir or Madam:

Enclosed herewith is a check in the amount of \$1,200.00 for reinstatement of the above-mentioned corporation.

On behalf of Eddi-Ann R. Freeman & Associates, P.A., we ask that you please consider abating the reinstatement fee since this entity did not receive the renewal notice. This entity has relocated twice since the last filing of their annual report. They provided the U.S. Postal Service with the proper forwarding information, but they never received the renewal notice.

Thank you in advance for your consideration to this request.

Sincerely

Raquel Dawson, CPA

RD:ps

Enclosures