PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS	FILED Apr 13, 2004 8:00 A.M. Secretary of State	
DOCUMENT # 681546 1. Corporation Name SHERMAN A. DRAWDY, P.A	(8)		
2. Principal Office Address	3. Mailing Office Address	1/2/1	
. 3221 TAMIAMI TRAIL Suite, Apt. #, etc.	3221 TAMIAMI TRAIL Suite, Apt. #, etc.	(IL) 4/20/04	
		4. Date Incorporated or Qualified To Do Business in Florida	
City & State PORT CHARLOTTE, FL	City & State PORT CHARLOTTE, FL	5. FEI Number Applied For	
33952 Country CHARLOTTE	33952 Country CHARLOTTE	59–2019839 Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Suite, Apt. #, Etc.	lot Acceptable)	VV D Y RAIL	
City PORT C	HARLOTTE	State Zip Code 3 9 5 2	
Signature of Registered Agent	ove named corporation, am familiar with and acce	ppt the obligations of section 607.0505 or 617.0503, F.S. Date	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles Name of Officers and/or Directors	Street Address Officer and/or		
P/V/ DRAWDY, SHERMAN A.	3221 TAMIAMI T	RAIL PORT CHARLOTTE, FL 33952	
S/T DRAWDY, SHERMAN A.	3221 TAMIAMI T	RAIL PORT CHARLOTTE, FL 33952	
	:	700032624237 04/19/0401068003 **150.0	
	!	700032524297 04/13/0401084005 **150.00	
10. 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. SHERMAN R. WILLIAM SHERMAN R. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED ROUTE CORP. Date Daytime Phone #			

4/20/04

RETURN MAIL DETAIL SCREEN

2:50 PM

CORP NUMBER: 681546

CORP NAME: SHERMAN A. DRAWDY, P.A.

2003

ANNUAL REPORT FIRST NOTICE RETURNED BOX: 0034

ANNUAL REPORT SECOND NOTICE RETURNED BOX: 0014

1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR:

4/20/04

RETURN MAIL DETAIL SCREEN

2:50 PM

CORP NUMBER: 681546

CORP NAME: SHERMAN A. DRAWDY, P.A.

2003

ANNUAL REPORT FIRST NOTICE RETURNED BOX: 0034

ANNUAL REPORT SECOND NOTICE RETURNED BOX: 0014

1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: