PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** FILED SECRETARY OF STATE Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 00 NOV 22 AM 10: 10 DOCUMENT # 1. Corporation Name MICHAEL S. ATWOOD, P.A. Mailing Address Principal Place of Business 1901 FOGARTY AVENUE STIS WINKLER EXT D. O. BOX 7755 KEY WEST FL 33040 FT-MYERS_FL - 20010-REINSTATEMENT 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 Date Incorporated or Qualified To Do Business in Florida 08/03/1981 Suite, Apt. #, etc. 5. FEI Number Applied For 59-2127196 City & State Not Applicable .. ---\$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Officer and/or Director Name of Officers City / State / Zip Title(s) FT MYERS FL 33916-3713 WINKLER EXT. # 1525-**PSTD** ATWOOD, MICHAEL S 339/1 FT MYERS FL 33916 ATWOOD, MICHAEL STEVEN **PST**]03493273-- 12/11/00--01035--006 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name ATWOOD, MICHAEL S 3713 WINKLER EXT. APT. 1525 FT MYERS FL 33916 Zip Code 33993 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 11. Legrify that Lam 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 filling 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.

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