

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 27 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93352

1. Corporation Name

JOHN R. FEEGEL, P.A.

**REINSTATEMENT** 88-04

MRS

2. Principal Office Address		3. Mailing Office Address	
c/o 100 North Tampa Street		c/o 100 North Tampa Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 2700		Suite 2700	
City & State		City & State	
Tampa, Florida		Tampa, Florida	
Zip	Country	Zip	Country
33602	USA	33602	USA

4. Date Incorporated or Qualified To Do Business in Florida	
08/01/1982	
5. FEI Number	Applied For
59-1411729	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name	000042979900
F & L Corp	12/27/04 01073 999 **279.00
Street Address (P.O. Box Number is Not Acceptable)	000042979900
One Independent Drive	12/27/04 01073 010 **46.75
Suite, Apt. #, Etc.	
Suite 1300	
City	State Zip Code
Jacksonville	FL 32202

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent By: F & L Corp Date 12-22-04

REGISTERED AGENT MUST SIGN

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 of Each Officer and/or Director	City / State / Zip
D/P/S/T	Thomas K. Feegel	532 Rialto Avenue	Venice, CA 90291

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.

SIGNATURE:

Thomas K. Feegel

Thomas K. Feegel, President

12-22-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #