

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT


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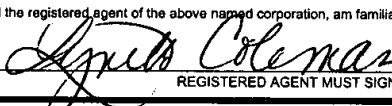
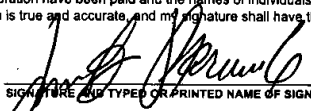
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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000006947			
1. Corporation Name Gibson & Associates of Tampa Bay, Inc.			
2. Principal Office Address 360 W. Butterfield Rd, Suite, Apt. #, etc. Suite 400 City & State Elmhurst, IL Zip 60126		3. Mailing Office Address 360 W. Butterfield Rd, Suite, Apt. #, etc. Suite 400 City & State Elmhurst, IL Zip 60126	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 12/31/1997	
5. FEI Number 36-3748821	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
	Zip Code 32301

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 		Lynette Coleman as its agent	
Date		12/12/2001	
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
P/S/D	Wesley J. Gibson	1 Charleston Road	Hinsdale, IL 60521
D	George W. Howard	3250 Nicks Place	Clearwater, FL 33761
D	Linda Gibson	1 Charleston Road	Hinsdale, IL 60521
D	Dewey Gibson	1311 B. Springer Ridge	Carbondale, IL 62901
T	James Sharwarko	101 39th Street	Downers Grove, IL 60515
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: 		James Sharwarko, Treasurer	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2001 (\$900)