

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003308

1. Corporation Name

DENNIS GARBERG AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

10561 BARKLEY SUITE 300
OVERLAND PARK KS 66212

10561 BARKLEY SUITE 300
OVERLAND PARK KS 66212

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

06/24/1999

5. FEI Number

48-0926118

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PC	GARBERG, DENNIS	10561 BARKLEY #300	OVERLAND PARK KS 66212
ST	SIMS, LINDA T	10561 BARKLEY #300	OVERLAND PARK KS 66212
V	GARBERG, JUSTIN	10561 BARKLEY # 300	OVERLAND PARK KS 66212

~~700024575817
11/10/03--01117--015 **150.00~~

700024575817
11/10/03--01117--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHARDS, STEVEN
5445 MARINER #215
TAMPA FL 33609-3437

Name

CT Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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. or 617.0505, F.S.

Signature of Registered Agent

Jonathan L Miles

Date 11/6/03

REGISTERED AGENT MUST SIGN

11. 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:

Signature of Linda Sims
Linda Sims

10-31-03

913-307-8299


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003308 1. Entity Name <i>Dennis Garberg and Associates Inc.</i>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>10561 Barkley</i> <small>Suite, Apt. #, etc.</small> <i>Suite 300</i> <small>City & State</small> <i>Overland Park KS</i> <small>Zip</small> <i>66212</i>	3. Mailing Address <i>10561 Barkley</i> <small>Suite, Apt. #, etc.</small> <i>Suite 300</i> <small>City & State</small> <i>Overland Park KS</i> <small>Zip</small> <i>66212</i>	4. FEI Number <i>48-0926118</i> Applied For <input type="checkbox"/> Not Applicable
<small>Country</small> <i>USA</i>	<small>Country</small> <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

<p style="font-weight: bold; font-size: 1.5em;">DO NOT WRITE IN THIS SPACE</p>	7. Name and Address of Current Registered Agent <small>Name</small> <i>CT Corporation</i> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <i>1200 S. Pine Island Rd</i> <small>City</small> <i>Plantation</i> FL <small>Zip Code</small> <i>33324</i>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  *Jonathan L Miles* DATE *11/6/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO/President Dennis Garberg 10315 Grant Lane Overland Park, KS 66212</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President of Finance & Admin. Linda Sims 6207 W. 295th Louisburg KS 66053</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President / COO Justin Garberg 1400 Dearborn Overland Park, KS 66223</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Sales Trevor Garberg 3839 North Southport Chicago, IL 60613</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  *Justin Sims* Date *10-31-03* Daytime Phone # *913-307-8299*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

7



10561 Barkley
Suite 300
Overland Park, KS, 66212

October 31, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Dennis Garberg and Associates has received a notice of Administrative Dissolution or Revocation from the state of Florida. It is stated that the revocation is due to not filing an annual report with your department. We have not received the first or second notices that are mentioned in the form. I have been told by your office that if we did not receive those initial notices, we should notify you in writing, and submit the annual report with the original fees.

We are not sure of the reason why we did not receive the forms, but thought they may have been mailed to our registered agent, who no longer is employed by us. We currently have no employees in the state of Florida but are hoping to expand in that area again soon. We have also included the information to change our registered agent. If you have any question please contact Laura Herter at (913)307-8287.

Sincerely,

A handwritten signature in cursive script that reads 'Linda Sims'.

Linda Sims
Vice President of Finance and Administration