


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -8 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *CD-83*
100024849461
11/19/03--01012--027 **1208.75

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G52404 1. Corporation Name ROBERT G. UDELL, P.A.			
2. Principal Office Address 1331 East Ocean Boulevard		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Stuart, Florida		City & State	
Zip 34996	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 08/02/1983		5. FEI Number 59-2637711	
		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 ROBERT G. UDELL			
Street Address (P.O. Box Number is Not Acceptable) 1331 East Ocean Boulevard			
Suite, Apt. #, Etc.			
City Stuart		State FL	Zip Code 34996

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 _____ Date **11/10/03**

REGISTERED AGENT MUST SIGN **Robert G. Udell**

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
Pres./ Director	ROBERT G. UDELL	1331 East Ocean Boulevard	Stuart, FL 34996

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: _____ **Pres/Director** **Robert G. Udell** Date **11/10/03** Daytime Phone # **772-283-9450**

CR2E081 (10/02)