
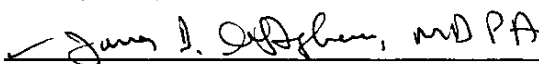
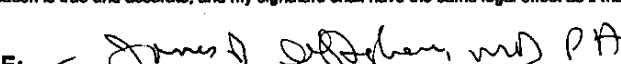


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | |
|--|--|---|---|---------------------------------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 05 JUN 14 PM 2:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # H28970 | | | | |
| 1. Corporation Name JAMES B. DE STEPHENS, MD PA 2341 NW 41ST STREET SUITE B GAINESVILLE, FL 32606 | | | | |
| 2. Principal Office Address 2341 NW 41ST STREET | | 3. Mailing Office Address | | |
| Suite, Apt. #, etc. B | | Suite, Apt. #, etc. | | |
| City & State GAINESVILLE, FL | | City & State | | |
| Zip 32606 | Country USA | Zip | Country | |
| | | 4. Date Incorporated or Qualified To Do Business in Florida 11/1/84 | | |
| | | 5. FEI Number 59-2459240 | | Applied For 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 JAMES B. DE STEPHENS | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2341 NW 41ST STREET | | | | |
| Suite, Apt. #, Etc. B | | | | |
| City GAINESVILLE | | State FL | Zip Code 32606 | |
| 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 6-10-05 | | |
| 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 | |
| P/VP/SEC/TREAS | JAMES B. DE STEPHENS | 2134 NW 102 WAY | GAINESVILLE, FL 32606 | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| 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:  | | Date 6-10-05 | | Daytime Phone # (352) 371-1804 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | |

CR2E081 (01/05)

SHARON C. BRANNAN, CPA PA

161 N. MAIN STREET
WILLISTON, FL 32696

Telephone (352) 528-6558
Fax (352) 528-5559
brannan CPA@earthlink.net

June 10, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

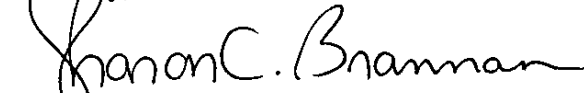
This letter is in reference to James B. DeStephens, MD PA, (document #H28970) regarding Corporation Reinstatement for the years 2002, 2003, 2004, 2005.

Taxpayer never received the annual renewal forms in the mail. There are several offices in this building, and often times there are problems with the mail. The office manager that was supposed to take care of matters like this has now been replaced to avoid these issues in the future.

We are enclosing a Corporation Reinstatement form along with a \$600 check for the four years that are now due. Please reinstate this corporation to good standing. We are also asking that you waive the reinstatement fee since the taxpayer never received the forms, and since there was no intent on behalf of the taxpayer not to file. We fully expect all future filings to be timely.

Thank you for your assistance, and we look forward to your response.

Sincerely,



Sharon C. Brannan, CPA, PA