

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 19 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J47800**

1. Corporation Name
PYLE & ASSOCIATES, P.A.

Principal Place of Business 3809 LAKE EMMA RD. LAKE MARY FL 32746	Mailing Address 3809 LAKE EMMA RD. LAKE MARY FL 32746
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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		4. Date Incorporated or Qualified To Do Business in Florida 12/16/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2745999	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSDV	PYLE, KENNETH	3809 LAKE EMMA RD.	LAKE MARY FL 32746

900002353039--8
-11/20/97--01076--004
****165.00 ****165.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PYLE, KENNETH 3809 LAKE EMMA RD. LAKE MARY FL 32746		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State	Zip Code
		FL	

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.
Signature of Registered Agent: *[Signature]* Date: **11-3-97**
REGISTRED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for info on Intangible tax) **NO**

12. 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]* 11-3-97 407 333 3181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)

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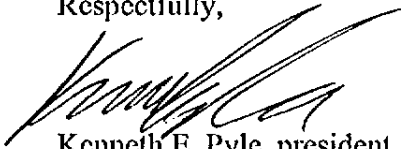
November 3, 1997

Hello;

I was surprised to find out that I had not filed my State Return. I was absolutely positive that I had done so. I even have a check stub in my checkbook where I had written the check to cover the expense. So, either I forgot to mail it or it was lost in the mail. I am writing this letter to see if there is any way that the reinstatement fee could be waived or reduced. I have no other grounds to ask for such consideration other than what I have stated and the fact that the reinstatement fee will be difficult to fit into the budget this time of year.

I appreciate any consideration that you can give to my request and I assure you, I will be extra careful next year to verify that the return is received by you in a timely manor.

Respectfully,



Kenneth E. Pyle, president
Pyle & Associates, PA