

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 21 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # K04875

1 Corporation Name

EDWARD J. FLISS, JR., P.A.

Principal Place of Business

Mailing Address

7425 NORTH TAMAM TRAIL  
SARASOTA FL 34243

7425 NORTH TAMAM TRAIL  
SARASOTA FL 34243



REINSTATEMENT

9700

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/03/1987	
City & State		City & State		5. FEI Number	
7a		Country		Zip	
Country		Zip		Country	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				39 Tax Admin. Fee required for 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
PD	FLISS, EDWARD J. JR.	7425 N. TAMAM TR	SARASOTA FL

#00002356874-0  
-11/25/97--01060--015  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BORNE, STUART 1800 2ND STREET SUITE 955 SARASOTA FL 34236		Name Lynn McGonagill Street Address (P.O. Box Number is Not Acceptable) 1590 1st Street Suite, Apt. #, Etc. Sarasota, FL City State FL Zip Code 34243	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0606, F.S.  
Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN  
Date: 11/12/97

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

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 807 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 807.0401 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]* Edward J. Fliss, Jr. 11/12/97 9413513466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #