

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 JAN 28 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K21101

1. Corporation Name  
LARRY BLAIR ROBERTS, P.A.

Principal Place of Business: 12600 SEMINOLE BLVD. #A2, R.O. BOX 2024, LARGO FL 34649  
Mailing Address: ~~12600 SEMINOLE BLVD. #A2~~, P.O. BOX 2024, LARGO FL 34649



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: 04/13/1988  
5. FEI Number: 59-2881441  
6. CERTIFICATE OF STATUS DESIRED: [X] \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry for LARRY BLAIR ROBERTS at 12600 SEMINOLE BLVD. #A2, LARGO FL 33778.

REINSTATEMENT 96  
100002073771--3  
-01/30/97--01060--006  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

8. Name and Address of Current Registered Agent: ROBERTS, LARRY BLAIR, 12600 SEMINOLE BLVD. #A2, LARGO FL 34649-33778  
9. Name and Address of New Registered Agent: 100002073771--3, -01/30/97--01060--006, \*\*\*\*\*61.25

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: Larry B. Roberts  
Date: Nov 3, 96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

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: Larry B. Roberts  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 11/3/96  
Daytime Phone #: 813-581-1899

CR2E040 (7/96)