APPLICATION FOR REINSTATEMENT	FLORIDA S	INSTRUCTIONS BEFORE CONTROL OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED
DOCUMENT # L 14543 1. Corporation Name John Meyers and Associates, Inc.				00 JAN 27 AM 9: 40 SHECRETARY OF STATE TABLETHASSEE, FEBRIDA
Principal Place of Business Clo John P. Meyers 231 Viscaya Ave Coral Gables, FL. 33134	P.O.Bo Corni	hn P. Meyo ox 143289 Gables, FL. 331	14-3289	
New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State	#, etc. Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 9 7 1989 5. FEI Number — 650142646 Not Applied For
Zip Country	Zip	Country		6. CERTIFICATE OF STATUS DESIRED SB.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/ Name of Officers and/or Directors			et Address of Each cer and/or Director	City / State / Zip
es/ TI m		231 Visc		Coral Gables, Fl. 33/34 60003121366-7 -02/02/00-01071-022 ****150.00 ****150.00
6		ATENE	NT <u>PS</u>	-000031213667 -02/02/0001071023 ***1358.75 ***1358.75
				124900027461
Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent
John Meyers 231 Viscaya Ave Coral Gables, Fl. 33134			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
	GISTERED AGEN	T MUST SIGN		
lease the Division of Corporations from any liabilit certify that I am an officer or director or the receive this reinstatement application the reason for disse	199.032, F lith this filing is volu to of non-compliance or or trustee empo olution has been el exinformation indic	untarily furnished are with Section 119. Dwered to execute illminated, the corporated on this applicated on this application.	nd does not qualify 07(3)(k) in the ever this application as p prate name satisfies ation is true and ac	(See other side for information on intangible tax.) for the exemption stated in Section 119.07(3)(k), Florida Statutes. I rent that the information supplied is deemed exempt from public access. I provided for in chapter 607 or 617, F.S. I further certify that when tilling is the requirements of section 607.0401 or 617.0401, F.S., and that all occurate, and my signature shall have the same legal effect as if made MEMPLY Date Daytime Phone #