

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 JAN -3 AM 10:43

Read Instructions on Other Side Before Making Entries
 Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # **49180**
 Richard J. DaFonte, P.A.
 1000 Belcher Road South
 Suite 2
 Largo, Florida 34641

2. If Address in Block 1 is incorrect, in any way, enter the correct address below:
 Address: **TALLAHASSEE, FLORIDA**
 City and State: _____ Zip Code: _____
 3. If Principle Office Address is different from mailing address, enter address below:
 Address: _____
 City and State: _____ Zip Code: _____

4. Date Incorporated or Qualified To Do Business in Florida: **02/06/90**
 5. FEI Number: **59-2990721**
 FEI Number Applied For: _____
 FEI Number Not Applicable: _____
 6. **\$8.75 Additional Fee required for a Certificate of Status**
 CERTIFICATE OF STATUS DESIRED

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
P/VP TD	Richard J. DaFonte 9425 86th Ave. North	9425 86th Avenue North Seminole, Fl. 33777	Seminole, Fl 33777
			700002048557--2 -01/07/97--01113--014 ****375.00 ****375.00
			<i>[Signature]</i> 1/10/97

REINSTATEMENT *[Signature]*

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent
 Richard J. DaFonte
 1000 Belcher Road South
 Suite 2
 Largo, Florida 34641

9. If changed, new registered agent / office
 Name: _____
 Street Address (Do NOT Use P.O. Box Number): _____
 Street Address (Do NOT Use P.O. Box Number): _____
 City: _____ State: **FL.** Zip: _____

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: **12/29/96**
 REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: *[Signature]* Date: **12/29/96** Daytime Phone #: **913 526-8982**
 Typed or printed name of signing officer or director: **Richard J. DaFonte**

CR2E040 (8/92)