PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, ED FLORIDA DEPARTMENT OF STATE OI DEC 24 PM 3: 04 Katherine Harris REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # N99000007622 1. Corporation Name Hebert G. Goldburg Criminal Law American Inn of Court, Inc. 2. Principal Office Address 3. Mailing Office Address 707 N. Franklin Str <u>707 N. Franklin Street</u> Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified Suite 700 City & State To Do Business in Florida 1-2/28/99 5. FEI Number Applied For <u>Tampa, Fl</u> 5 9-3640234 Not Applicable Country Country \$8.75 Additional Fee required for a Certificate of Status 33602 USA 33602 USA CERTIFICATE OF STATUS DESIRED [7] 7. Name and Address of Current Registered Agent Name Lee W. Atkinson 400004765304 01/10/02--01070--Street Address (P.O. Box Number is Not Acceptable) ****306.25 2655 McCormick Drive Suite, Apt. #, Etc. City Clearwater Zip Code 33759 State 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of City / State / Zip Officers and/or Directors John M. Fitzgibbons Frankli**M** St. Tampa, FL 33602 Gary R. Trombley 707 N Franklin St10th FL TampaFL 33602 Clearwater, R. 33755 600 Cleveland St. Ste700 Geroge E. Tragos

10. 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 filling 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. 813·229·7918 Fombley 12/17/2001

SIGNATURE:

Signature of

Titles

P/D

V/D

57D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #