PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -2 PM 5:52

DOCUMENT # P00000031071

1. Corporation Name

Alvarez, Sambol, Winthrop & Madson, P.A.

REINSTATEMENT 01

2. Principal Office Address	**3.** Mailing Office Address
111 N. Orange Avenue	P.O. Box 3511
Suite, Apt. #, etc.: Suite 2000	Suite, Apt. #, etc.:
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32801 Country: U.S.A.	Zip: 32802 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 3/24/00

5. FEI Number: 59-3633408 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Helen R. Ficarra

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****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 111 N. Orange Avenue

Suite, Apt. #, Etc.: Suite 2000

City: Orlando State: FL Zip Code: 32801

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.

Signature of Registered Agent: Helen Ficarra Date: 11/01/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Griffith J. Winthrop III	Suite 2000 111 N. Orange Avenue	Orlando, Fl 32801
V.P.	Stephen B. Sambol	111 N. Orange Avenue Suite 2000	" " "
Sec.	P. Raul Alvarez, Jr.	111 N. Orange Avenue Suite 2000	" " "
Treas	Torben S. Madson III	111 N. Orange Avenue Suite 2000	" " "
			AD

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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GRIFFITH J. WINTHROP III PRESIDENT

11/01/01 (407) 647-5142
Date Daytime Phone #