PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FOR SECRETARY OF STATE DIVISION OF COMPORATIONS REINSTATEMENT DIVISION OF CORPORATIONS P00000033368 02 NOV -6 AM 8: 01 DOCUMENT # 1. Corporation Name CLAUDIA CHILDS FIGUEROA INC. Principal Place of Business Mailing Address 2734 LAKEVIEW DRIVE -2734 LAKEVIEW DRIVE **TAMPA FL 33618** TAMPA FL 33618 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 Date Incorporated or Qualified 2734 Suite, Apt. #, etc. Lakeville Drive 2734 Lakeville To Do Business in Florida 03/29/2000 Suite, Apt. #, etc. 5. FEI Number Applied For 59-3642875 City & State City & State Not Applicable Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director PD FIGUEROA, CLAUDIA 2734 LAKEVIEW DR **TAMPA FL 33618** 2734 Lakeville Drive 600008820396 11/06/02--01038--016 \*\*8. 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name FIGUEROA, CLAUDIA CHILDS 2734 LAKEVIEW DRIVE 2734 Lakeville Drive Street Address (P.O. Box Number is Not Acceptable **TAMPA FL 33618** Suite, Apt. #, Etc. City 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. or 617.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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. 11/1/02 813-924-8012 Date Daytime Phone # SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claudia Childs Figueroa, Inc. 2734 Lakeville Drive Tampa, FL 33618

November 1, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re:

Document # P00000033368 Dissolution of Corporation FEI # 59-3642875

I just received the notification that my corporation was dissolved as of 10/4/02. I did not receive any prior notification regarding the annual report that must be filed.

If you will notice on the form, my address is incorrect. It has always been 2734 Lakeville Drive (I have lived here since 1992), but the report is addressed to 2734 Lakeview Drive. I am surprised that I received this notice.

Please make the corrections in your database so that I will get the proper notification so I can make timely reports. It was not my intention to let this corporation lapse. It is an active corporation.

I am enclosing check # 1503 for the required \$150 filing fee for a for-profit corporation. I am also enclosing check #1504 for \$8.75 additional for a new certificate of status. I hereby request that you please waive the reinstatement fee due to the incorrect mailing and subsequent non-receipt.

Thank you for your cooperation and prompt attention to this matter.

Sincerely,

Claudia Childs Figueroa

President