PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED P00000055076 DOCUMENT # 01 NOV 13 AM 10: 36 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA GWEN_NORRIS,_P.A. Principal Place of Business Mailing Address 610 ROYAL CREST DR. 610 ROYAL CREST DR. BRANDON FL 33511 BRANDON FL 33511 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 4. Date Incorporated or Qualified To Do Business in Florida 05/30/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable Country \$6.75 Additional Fee required 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) City / State / Zip and/or Directors Officer and/or Director NORRIS, GWEN 610 ROYAL CREST DR. BRANDON FL 33511 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name NORRIS, GWEN Street Address (P.O. Box Number is Not Acceptable) 610 ROYAL CREST DR. BRANDON FL 33511 Suite, Apt. #, Etc. State Zip Code 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 Age REGISTERED AGENT MUST 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zip

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November 9,2001

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

Sir:

Reference letter of November 5, 2001.

I did not receive any previous Uniform Business Reports. I am therefore, requesting that I be reinstated until penalty. This is my first year of being incorporated.

Thank you.

Gwendolyn G. Norr:

Ref. Number: P00000055076