


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		03 OCT 16 AM 8:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P00000065222 1. Corporation Name ELIZABETH J. DUNN, P.A.					
2. Principal Office Address 1575 W HIGHWAY 40 Suite, Apt. #, etc.		3. Mailing Office Address 1575 W HIGHWAY 40 Suite, Apt. #, etc.		REINSTATEMENT 07-03	
City & State ASTOR		City & State ASTOR			
Zip 32102	Country USA	Zip 32102	Country USA		
4. Date incorporated or Qualified To Do Business in Florida 07/03/2000		5. FEI Number 59-3662031			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name ELIZABETH J. DUNN					
Street Address (P.O. Box Number is Not Acceptable) 1575 W HIGHWAY 40					
Suite, Apt. #, Etc. 200023855302					
City ASTOR					
State FL					
Zip Code 32102					
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 <u>Elizabeth J. Dunn</u> Date <u>10/10/03</u> REGISTERED AGENT MUST SIGN					
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	ELIZABETH J DUNN	1575 W HIGHWAY 40	ASTOR FL 32102		
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: <u>Elizabeth J. Dunn</u> Elizabeth J. L. Dunn 10/10/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

 386-749-4000
 10/10/03