PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAGE IN APPLICATION FOR Secretary of State **DIVISION OF CORPORATIONS** FILED P00000072020 **DOCUMENT #** 03 MAR -7 PM 2: 25 1. Corporation Name SECKETARY OF STATE TALLAHASSEE, FLGAMO ROBIN D. LESTER, INC. Principal Place of Business Mailing Address 1021 SE 28 ROAD 1021 SE 28 ROAD OCALA FL 34471 OCALA FL 34471 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 To Do Business in Florida 08/01/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 59-3667934 City & State Not Applicable 6. Zip Country \$8.75 Additional Fee required Zip Country 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) City / State / Zip and/or Directors Officer and/or Director D LESTER, ROBIN D 1021 SE 28 ROAD **OCALA FL 34471** 500013554405 3/05/03=-01074--007__***31 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name LESTER, ROBIN D Street Address (P.O. Box Number is Not Acceptable) 1021 SE 28 ROAD **OCALA FL 34471** Suite, Apt. #, Etc. City 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. or 617.0505, F.S. Signature of Registered Agent GISTERED 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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February 27, 2003

DIVISION OF CORPORATIONS ANNUAL REPORT/REINSTATEMENT SECTION P.O. Box #6327 Tallahassee, FL 32314-6327

re: Robin D. Lester, Inc., #P00000072020

Gentlemen:

Enclosed with this letter to you please find the following:

- 1) Application for reinstatement on behalf of the above referenced corporation, and
- 2) Uniform Business Report on behalf of the above referenced corporation for the current year, and
- 3) Copies of certified copy and cover letter with regard to the 2001 Uniform Business Report on behalf of the above referenced corporation, and
- 4) Corporation check in the amount of \$317.50 representing the filing fees/certified copy charges for 2002 and also 2003.

I am not sure as to why I did not receive the Unform Business Report for 2002, which I would have promptly filed in order to keep the corporation current. The corporation has continued to transact business since its date of inception and has accordingly paid any and all taxes due to any and all taxing authorities as appropriate, and is still in operation today. Copies of the Uniform Business Report for 2001 are included with this letter to show that the corporation does meet its financial obligations in timely-manner.

It is therefore asked that said application for reinstatement be accepted and that the corporation be restored to an active status; also that any and all penalties and/or statutory charges be waived as this situation is felt to be due to circumstances beyond the control of the corporation.

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Sincerely,

Robin D. Yester

President