

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 AUG 15 AM 11:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P0000089475

1. Corporation Name

ALEXANDER M. CLEM, P.A.

Principal Place of Business

20 NORTH ORANGE AVENUE
 SUITE 1600
 ORLANDO FL 32802-4979

Mailing Address

20 NORTH ORANGE AVENUE
 SUITE 1600
 ORLANDO FL 32802-4979



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 -08/16/02--01031--006
 *****300.00 *****300.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/20/2000

5. FEI Number

59-3677809

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CLEM, ALEXANDER B	20 NORTH ORANGE AVENUE #1600	ORLANDO FL 32802

8. Name and Address of Current Registered Agent

DAVEY, CATHERINE E ESQ.
~~159 LOOKOUT PLACE~~
~~SUITE 101~~
 MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 151 LOOKOUT PLACE, SUITE 200
 Suite, Apt. #, Etc.
 City
 MAITLAND
 State
 FL
 Zip Code
 32751

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 Agent

Catherine E Davey
 REGISTERED AGENT MUST SIGN

Date

7/2/02

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:

Alexander M. Clem
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/02 (407)420-1414

CR2E040 (8/01)