PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION-FOR* REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P01000003391 **DOCUMENT #**

1. Corporation Name

PRAIZNER FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

8830 S TAMIAMI TRAIL. STE. 140 SARASOTA FL 34238

8830 S TAMIAMI TRAIL, STE. 140

SARASOTA FL 34238

FILED

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SECRETAST OF STATE FLORIDA



If above a	ddresses are	incorrect in any wa	y, line through incorrect i	nformation a	and enter corr	ection below.				
New Principal Office Address, If Applicable New Ma				ling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 01/05/2001			
Suite, Apt. #, etc. Suite, Apt.			Suite, Apt. #,	Suite, Apt. #, etc. City & State						
City & State City &			City & State				5. FEI Number			Applied For
			3, 2.5 (2.1)				6.5-1066449			Not Applicable
Zip Country		Zip	Zip			CERTIFICATE OF STATUS DESIDED [7]		\$8.75 Add for a Ce	ditional Fee required ertificate of Status	
7. Names a	ind Street Ad	dresses of Each Of	ficer and/or Director (Flo	rida nonprof	fit corporation	s must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			ip
Fres	See	4T M.	PRAIZNER	283 # 15	2 6 5 A TOZAS	FC.	242 33	Sarasota	, F1.	34282
							90 01714/	0010087 030108900	'065 2 **I	3 50.00
8. Name and Address of Current Registered Agent					t 9. Name and Address of New Registered Agent					j
PRAIZNER, SCOTT M					N	Name				
8830 S TAMIAMI TRAIL, STE. 140 SARASOTA FL 34238					Street Address (P.		.O. Box Number is Not Acceptable)			
					Suite, Apt. #, Etc.					
					Ci	ity			state Zip (Code
10. I, being a Signature of Registered A			f the above named corpo	RE	QUII		bligations of Secti	on 607.0505, F.S. or 617.	.0505, F.S.	
this reinst	tatement app	lication, the reason	the receiver or trustee em	powered to	execute this	name satisfies	the requirements	pter 607 or 617, F.S. I fur of section 607.0401 or 61 der section 119.07(3)(i), F	7 0401 F 9	S that all foos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.





January 7, 2003

State of Florida Department of State Division of Corporations 409 East Gaines St. Tallahassee, Fl. 32399

To whom it may concern,

As the sole Registered Agent and Officer, I would ask that you please use this letter as notice of my request for reinstatement my corporation to "active" status. In addition I would request that the reimbursement fee be waived as I had received no prior correspondence or as suggested the two uniform business reports. My best guess for this occurring may be due to the fact that we moved our office this past June and have had numerous problems with the change of address. I only received this most recent notice due to the new tenant of my old office forwarding it to me.

I have enclosed my application for reinstatement as the corporate return, was submitted late due to my filing of an extension. In addition I have enclosed the fee of \$150.00 to file for reinstatement without penalty with the hope that you see fit to accept.

If you have any further questions or require any additional information, please contact me at (941) 918-2800. My new address is as follows:

8830 S. Tamiami Trail Suite #150 Sarasota, FL. 34238

I sincerely appreciate your time and understanding of this matter with the hopes that this is now resolved.

Regards,

Scott M. Praizner, ChFC

Chartered Financial Consultant