PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P01000015422 **DOCUMENT #**

1. Corporation Name

JONAS. NEWMAN, P.H.D., P.A.

Principal Place of Business

Mailing Address

4048 EVANS AVE., SUITE 304 FT. MYERS FL 33901

4048 EVANS AVE., SUITE 304 FT. MYERS FL 33901

FILED

02 NOV 25 AH 10: 52

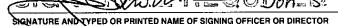
SECRETARY OF STATE TALLAHASS OF FLORIDA



If above a	addresses are incorrect in any way, line th	rough incorrect in	iformation and enter c	correction below.					
New Principal Office Address, If Applicable 3. New Maili			ng Office Address, If Applicable N. PALM AVE		Date Incorporated or Qualified To Do Business in Florida 02/09/2001				
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5. FEI Number				Applied For
City & State City & State			1-GORDA, FL						Not Applicable
Zip	Country	Zip 3395	SO U.S	.A:	<u> </u>	OF STATUS DESIRED			nal Fee required cate of Status
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corporat	tions must list at lea	ast 3 directors)	1			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
D	NEWMAN, JON S	4048 EVANS AVE., SUITE 304			FT. MYERS FL 33901				
					201 11/25/(000920: 12010860	908)7. *	32 *150.	00
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
WOTTZKY, HAL F 223 TAYLOR ST. PUNTA GORDA FL 33950				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					OR2E040 (8/02)
10. I, being Signature of Registered		ove named corpo	pration, am familiar wi	th and accept the o	bligations of Secti	ion 607.0505, F.S. or 6			

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 filling 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 fisted 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:



Newman 11/4/02

November 18, 2002

Florida Department of State: Division of Corporations

Dear Sir or Madam:

This letter is to inform you that I did not receive the reinstatement application form until November, 2002. It is my intention to maintain an active status for my corporation and have enclosed a check to cover the reinstatement fee. I would also appreciate you changing my mailing address to the one listed in section three, in order that I receive all important documents from your office.

Thank you for your cooperation on this important matter.

Sincerely,

Jon S. Newman, Ph D, P.A.

Psychologist