

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 NOV -5 AM 9:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000024371

1. Corporation Name
 JOEL KAMPHUIS, P.A.

Principal Place of Business Mailing Address
 3821 NE 34TH AVENUE 3821 NE 34TH AVENUE
 FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/08/2001	
City & State		City & State		5. FEI Number	
Zip 33308		Country		65-1083643	
Zip 33308		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	KAMPHUIS, JOEL	3821 NE 34TH AVENUE	FORT LAUDERDALE FL 33315 33308
VPTD	KAMPHUIS, MARIE	3821 NE 34TH AVENUE	FORT LAUDERDALE FL 33315 33308

600008806606
 11/05/02--01059--007 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LAW OFFICES OF LAWRENCE E. BLACKE, P.A. 3326 NE 33RD STREET FORT LAUDERDALE FL 33308		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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: *Lawrence E. Blacke* REGISTERED AGENT MUST SIGN Date: 10/29/02

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: *Joel D. Kamphuis* REGISTERED AGENT MUST SIGN Date: 10/29/02 Daytime Phone #: 954-315-3810

CR12E040 (8/02)

3421 NE 34 Avenue
Ft. Lauderdale, FL 33308
October 30, 2002

Florida Department of State
Annual Report
P.O. Box 6327
Tallahassee, FL 32314

RE: JOEL KAMPHUIS, P.A.

Dear Florida Department of State:

Last week I received notice of Application of Reinstatement, however I have never received the first notice to pay the Company Annual Report Fee. I have made a correction on the form that has the incorrect zip code, I believe that this may have been the cause of not receiving the initial bill. This is the first year that I have had my corporation and did not realize that we had to file an Annual Report Fee or that we are now late. I called the 850-245-6059 and heard the recording to mail in our check with a letter of explanation immediately.

If you should have any questions please do not hesitate to contact me during business hours at (954) 318-3510.

Respectfully,

A handwritten signature in black ink that reads "Joel D. Kamphuis". The signature is written in a cursive style with a large, sweeping initial "J".

Joel D. Kamphuis
President
JOEL KAMPHUIS, P.A.