PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P0100030442

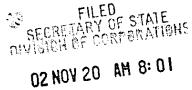
1. Corporation Name

BONNIE SUE NEAL P.A.

Principal Place of Business

Mailing Address

818 F1G TREE LANE BRANDON FL 33511 818 F1G TREE LANE BRANDON FL 33511



10 being	appointed the registered agent of the al	ove named corno	ration am fa		oligations of Secti	on 607 0505 F.S. or	FL		
818 F1G TREE LANE BRANDON FL 33511				Street Address (P.O. Box Number Suite, Apt. #, Etc. City			State Zip Code		
						is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·	
NEAL, BONNIE S				Name	مدرات جديجون	, <u>.</u>	·	a war w	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
							·		
	-								
D NEAL, BONNIE S			818 F1G TREE LANE			BRANDON FL 33511			
Title(s) 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Street Address of Each Officer and/or Director			City / State / Zip		
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprofit	•					
Zip Country Zip			Country		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status				
City & State City & State					59-3705368 Applied For Not Applicable				
Suite, Apt. #, etc. Suite, Apt.			#; etc: ^		5 FFI Number				
2. New Pri	ncipal Office Address, If Applicable	ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 03/21/2001					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								304115	

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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-2002

Daytime Phone

BONNIE SUE NEAL P.A. 818 Fig Tree Lane Brandon, Fl. 33511

November 7, 2002

Division of Corporations Annual Report / Reinstatement Section P.O. Box 6327 Tallahassee, Fl. 32314-6327

To Whom It May Concern:

Our office has received the enclosed Notice of Administrative Dissolution and application for reinstatement. Upon receipt of this notice I called your office and was advised that the reason for dissolution was that the Federal Employer Identification Number was not provided on the initial 2002 UBR. I was also advised that the initial 2002 UBR was returned to our office to provide the missing Federal Employer Identification Number. Our office never received this nor were there any additional requests by your office to provide this information.

I respectfully request that your office waive the penalty for reinstatement.

Thank you.

Bonnie Sue Neal - President

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