

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS
 W0500045216

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 DEC -1 PM 3:59

DOCUMENT # P01000037791
 1. Corporation Name
 STEVEN KEPECZ, P.A.

2. Principal Office Address 591 BAY ISLES PARKWAY Suite, Apt. #, etc.		3. Mailing Office Address 3341 BAYOU SOUND Suite, Apt. #, etc.	
City & State LONGBOAT KEY, FL		City & State LONGBOAT KEY, FL	
Zip 34228	Country	Zip 34228	Country

REINSTATEMENT 3-05

4. Date Incorporated or Qualified To Do Business in Florida 04/13/01	
5. FEI Number 59-3713485	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
STEVEN KEPECZ

Street Address (P.O. Box Number is Not Acceptable)
3341 BAYOU SOUND

Suite, Apt. #, Etc.

City
LONGBOAT KEY

State
FL

Zip Code
34228

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.


Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	STEVEN KEPECZ	3341 BAYOU SOUND	LONGBOAT KEY, FL 34228

10. 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)(0), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9/27/05

Daytime Phone #