

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 13 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058355

1. Corporation Name

DR. KEITH T. FOSTER, PH.D., PA

2. Principal Office Address

2180 IMMOKALEE RD

Suite, Apt. #, etc.

STE 216

City & State

NAPLES, FL

Zip

34110

Country

USA

3. Mailing Office Address

2180 IMMOKALEE RD

Suite, Apt. #, etc.

STE 216

City & State

NAPLES, FL.

Zip

34110

Country

USA

REINSTATEMENT 04-05

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6/12/2001

5. FEI Number

59-3728153

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NAPLES - LAWDOCK, INC % KIMBERLY JOHNSON, OFFICER

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

c/o QUARLES & BRADY, LLP

Suite, Apt. #, Etc.

1395 PANTHER LANE STE 300

City

NAPLES

State

FL

Zip Code

34109

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2/7/06

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
D	DR. KEITH T. FOSTER, PH.D.	2180 IMMOKALEE RD STE 216	NAPLES, FL. 34110

700066251427
02/2/06--01012--004 **300.00

[Signature]
2/15

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/9/06

Daytime Phone #

237-293-0057

KEITH T. FOSTER, PH.D., PA

2180 Immokalee Road
Suite 216
Naples, Florida 34110
239.593.6834
239.596.8901 (fax)

February 9, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Dr. Keith T. Foster, PHD, PA
Document No: P01000058355

To whom it may concern :

Please find the enclosed forms for Reinstatement and Statement of Change of a Registered Agent for the above referenced corporation. I am requesting a waiver of the reinstatement fee as the current registered agent, a law firm in Naples, Florida, indicate they did not receive the annual report notice as the firm relocated in 2004. It is my understanding that the agent has notified your office of this unfortunate situation. I have enclosed payment for the other appropriated fees for both 2004 and 2005.

I am also submitting a Statement of Change of Registered Agent as I am dissatisfied with the oversight of this corporation by the current agent, in light of their failure to have noted the lapse in this corporations legal status with the State of Florida.

Thank you for your kind and prompt attention to this matter.

Sincerely,



Keith T. Foster, Ph.D., Director
Dr. Keith T. Foster, PhD, PA

Enc.