

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P01000059587</b>		
1. Corporation Name <b>ANNE ALSUP, P.A.</b>		

FILED

02 OCT 28 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
3609 HADDINGTON COURT APOPKA FL 32712	3609 HADDINGTON COURT APOPKA FL 32712

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 <b>06/14/2001</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3725413</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ALSUP, ANNE	3609 HADDINGTON COURT	APOPKA FL 32712

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

HUTCHINS, ROBERT J  
400 NORTH WYMORE ROAD, SUITE 110  
WINTER PARK FL 32789

Name -

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

**Suite, Apt. #, Etc**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

~~SIGNATURE REQUIRED~~

Date 10-23-02

REGISTERED AGENT MUST SIGN

CR2E040 (8/02)

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:** John Hancock **DATE:** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

Date:

#### **Routine Phase 4**

Anne Alsup, P.A.  
3609 Haddington Ct.  
Apopka, FL 32712

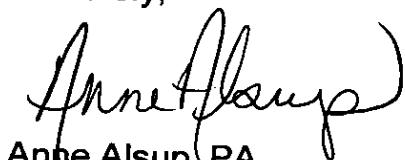
October 22, 2002

To Whom It May Concern:

I am requesting a waiver of the reinstatement fee. To the best of my knowledge I did not receive the two uniform business report notices. My registered agent and I will take special care to insure that this report is filed in a timely manner in the future.

Thank you for your time and consideration.

Sincerely,



Anne Alsup, PA