

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE FLORIDA

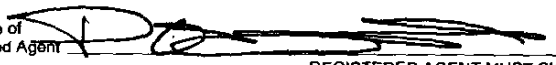
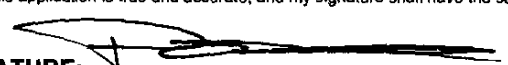
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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000082111			
1. Corporation Name PATRICK O'DONNELL, P.A.			
2. Principal Office Address 1320 BLUE POINT AVE Suite, Apt. #, etc. # 8 City & State NAPLES, FLORIDA Zip 34102 Country USA		3. Mailing Office Address 1320 BLUE POINT AVE Suite, Apt. #, etc. # 8 City & State NAPLES, FLORIDA Zip 34102 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 08/17/2001	
5. FEI Number 59-3739490	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 PATRICK O'DONNELL	
Street Address (P.O. Box Number is Not Acceptable) 1320 BLUE POINT AVE	
Suite, Apt. #, Etc. # 8	
City NAPLES	State FL Zip Code 34102

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 10-8-03	
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
PVPS	PATRICK O'DONNELL	1320 BLUE POINT AVE # 8	NAPLES, FL 34102
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)(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: 		Date 10-8-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E081 (10/02)

7/10/10