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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 JAN 24 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

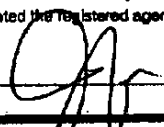
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P010000 84699			
1. Corporation Name Jim Schulze, P.A.			
2. Principal Office Address 665 93 rd Avenue North		3. Mailing Office Address 665 93 rd Avenue North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34108	Country	Zip 34108	Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3741248	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Addt'l Fee required for a Certificate of Status</small>	


7. Name and Address of Current Registered Agent	
Name Jeffrey R. Lamb	
Street Address (P.O. Box Number is Not Acceptable) 868 106th Avenue North	
Suite, Apt. #, Etc.	
City Naples	State FL
Zip Code 34108	

CR02081 (01/05)

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 1/19/05
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
D/P/ 1/5	James C. Schulze	665 93 rd Avenue North	Naples, FL 34108

100045680211
01/31/05--01017--008 **450.00

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: 	James C. Schulze	Date 1/19/05	Daytime Phone # 239-591-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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TAX, ACCOUNTING & FINANCIAL ASSOCIATES, INC.

Wednesday, January 19, 2005

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

RE: Jim Schulze, P.A.
665 93rd Avenue North
Naples, FL 34108
P01000084699

We are the Registered Agent for the above named notice. It has come to our attention that the corporation was administratively dissolved as a result of not filing its 2003 annual report.

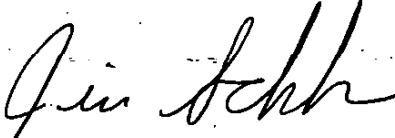
The officer of the corporation was unaware of the requirement to file an annual report. The company had also changed its location and did not receive any of the state's notices regarding filing the reports, or dissolution.

As such, we are requesting leniency on behalf of the corporation, and seek a waiver of reinstatement fees. We request that the corporation be allowed to file its annual report (attached) with the 2003, 2004 and 2005 fees of \$150 per year (attached.) Please advise the corporation and my office as the Registered Agent accordingly.

Thank you.

Very truly yours,


Jeffrey R. Lamb, Registered Agent
Tax, Accounting & Financial Associates, Inc.


Jim Schulze, Director/President
Jim Schulze, P.A.

JRL/II