PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FLORIDA DEPARTMENT OF STATE JIM Smith Secretary of State DIVISION OF CORPORATIONS FILED O2 OCT 25 PM 4: 39 SECRETARY OF STATE TALLAHASSEE, FLORID FINCIPAL PRINCIPAL TRAIL SARASOTA FL 34243 BRADENTON, FL 34700 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address. If Angle Address In Florida Suite, Apr., etc. SUITE,				
DOCUMENT # P01000104975 1. Corporation Name CYNTHIA L WARREN, P.A. Principal Place of Business TALLAHASSEE, FLORID TALLAHASSEE, FLORID Principal Place of Business TALLAHASSEE, FLORID TALLAHA	APPLIATION FLORIDA BENESTATEMENT	A DEPARTMENT OF STAT Jim Smith Secretary of State	ΓΕ	1010
Principal Place of Business	DOCUMENT # P010001049		02 OCT	25 PM 4: 39
Zip34202 Country SA Zip34343 Cquntry SA CERTIFICATE OF STATUS DESIRED S8.75 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) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip	7333 N. TAMIANI TRAIL SARASOTA FL 34243 BRADCN TON, F. 34200 If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address If Applicable 3. New Mailling 10910 Suite Ant # etc.	ITAMI TRAIL 6/0 SATURA FL 34243 Information and enter correction below. Ing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 5 (FEI Number)	10/30/2001
1 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip	7. Names and Street Addresses of Each Officer and/or Director (Flor	· · · · · · · · · · · · · · · · · · ·	6. CERTIFICATE OF STATUS DESIRED least 3 directors)	\$8.75 Additional Fee required
	1 2 and/of Directors	3	4	
90008593239 10/25/0201058001 **150.00			90000859 10/25/02010580	3239 01 **150.00
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name	WARDEN ON DV	Name	9. Name and Address of New Regi	
City State Zip Code	7999 N. TAMIAMI TRAIL 610 SATURN SARASOTA FL 94243 SAVASOTA, FZ	Street Address Suite, Apt. #, El City	Suite, Apt. #, Etc.	
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 REGISTERED AGENT MUST SIGN 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 filling 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	Signature of Registered Agent REGISTERED AGE 11. I certify that I am an officer or director or the receiver or trustee employees an analysis of the receiver or trustee employees an analysis of the receiver or trustee employees and the receiver or trustees and the receiver of the receiver or trustees and the receiver or	REQUIRED ENT MUST SIGN powered to execute this application as	Date 10 6	117.0505, F.S.

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.

SCUNDIZ WOLLDE UCHTUURTEN 10/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/22/02



October 23, 2002

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

Re: Cynthia L. Warren, P.A.

FEIN: 65-1149993

Notice of Dissolution, Document #PO1000104975

Dear Sir

Today I received the Notice of Corporation Dissolution which I have enclosed. This is the first notice I have received, and the only reason I received it is that my tax accountant handles the work for the firm that I used to represent, and he saw it at their location and brought it to me today. My tax accountant is willing to document this circumstance if you wish.

My tax accountant tells me that an initial notice of the Uniform Business Report would have been sent to me at that old address early in the year (he assumed it had been forwarded to me and I had paid it). He also tells me that a second notice would have been sent telling me of the larger amount due for failure to pay. I swear I did not receive any such documentation. While I cannot prove it, I suspect that someone I know at my old location, with a grudge against me, threw away my paperwork.

My husband is out on disability (and has been for over a year and a half), and I am suffering from vertigo from undetermined causes. We have had a difficult time financially but have stayed afloat and met all our obligations. A payment of \$750.00 to save my corporation would be a substantial hardship on me at this time. I sincerely request that you waive the late filing penalties due to the circumstances and accept the original fee due for the corporation of \$150.00. I have enclosed a check for that amount with hope that you will show me compassion.

Thank you for your consideration and assistance.

Sincerely,

Cynthia L Warren, President

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Cynthia L. Warren, P.A.

610 Saturn Ave

Sarasota, Florida 34243