

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -9 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000466

1. Corporation Name

David F. Mancini, P.A.

2. Principal Office Address

1625 SW St. Andrews DR

Suite, Apt. #, etc.

City & State

Palm City, Florida

Zip

34990

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

03-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/31/01

5. FEI Number

800020192

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

David F. Mancini

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

1625 SW St. Andrews Drive

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

100063555631

01/12/06--01040--005 **500 00

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

REGISTERED AGENT MUST SIGN

Date

1/3/06

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
P	David F. Mancini	1625 SW St. Andrews Dr.	Palm City, FL 34990

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06

Date

Daytime Phone #

REICH & MANCINI, P.A.
Workers' Compensation • Personal Injury • Social Security Disability • Wrongful Termination

Andrew A. Reich, P.A.*

David F. Mancini, P.A.

*Also Admitted in New Jersey

Kelly Cambron-Fretwell

James R. Collins, Jr.

Ronald J. Ramsingh

Kurt J. Wirsing

Carolyn V. Kowalski
of Counsel

January 3, 2006

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

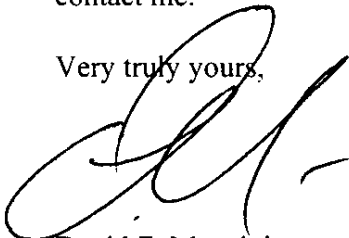
Re: Document# P02000000466
David F. Mancini, P.A.

To Whom It May Concern:

Please note that upon my move to Palm City, FL from Vero Beach, FL two years ago, I was never in receipt of any notices for the years 2003-2005. My corporation was dissolved without my knowledge on September 19, 2003. Please waive the late fees and reinstate my corporation as soon as possible.

I have enclosed check number 4433 in the amount of \$600.00 (includes 2006) to have the corporation reinstated. Should you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,



David F. Mancini