

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 16 AM 9:12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000014763

1. Corporation Name
The Program Administration Company

REINSTATEMENT 03-04

2. Principal Office Address <u>111 W. Magnolia Avenue</u>		3. Mailing Office Address <u>111 W. Magnolia Avenue</u>	
Suite, Apt. #, etc. <u>Suite 1000</u>		Suite, Apt. #, etc. <u>Suite 1000</u>	
City & State <u>Longwood, Florida</u>		City & State <u>Longwood, Florida</u>	
Zip <u>32750</u>	Country <u>Seminole</u>	Zip <u>32750</u>	Country <u>Seminole</u>

900027247729
01/20/04--01005--004 **750.00

4. Date Incorporated or Qualified To Do Business in Florida 05/10/2002

5. FEI Number 01-0678733 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 Morris Jensby

Street Address (P.O. Box Number is Not Acceptable) 111 W. Magnolia Avenue

Suite, Apt. #, Etc. Suite 1000

City Longwood State FL Zip Code 32750

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 Morris Jensby Date 1-13-04

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
P	Paul Hamlin	111 W. Magnolia Ave, Ste 1000	Longwood, FL 32750

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: Paul Hamlin Date 1-7-04 Daytime Phone # 407-332-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)