PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000030412

1. Corporation Name

LAW OFFICES OF JAMES J. GANGITANO, P.A.

200025402172
12/10/03--01071--025 **150.00

2. Principal Office Address	**3.** Mailing Office Address
3936 S. Semoran Blvd.	3936 S. Semoran Blvd.
Suite, Apt. #, etc.: SUITE 125	Suite, Apt. #, etc.: SUITE 125
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32822 Country: USA	Zip: 32822 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/20/2002

5. FEI Number: ✓ 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: JAMES J. GANGITANO

Street Address (P.O. Box Number is Not Acceptable): 7600 SOUTHLAND BLVD., SUITE 100

Suite, Apt. #, Etc.: SUITE 100

City: ORLANDO State: FL Zip Code: 32809

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: Joe Gangitano Date: 12/1/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PTD	JAMES J. GANGITANO	3936 S. SEMORAN BLVD #125	ORLANDO FL 32822

REINSTATEMENT 03 TS

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: Joe Gangitano 12/1/03 (407) 438 6817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAFFE, KAUFMAN & SARBEY, LLC
CERTIFIED PUBLIC ACCOUNTANTS

ARTHUR J. JAFFE, CPA
JERRY R. KAUFMAN, JD, LLM, CPA
DAVID H. SARBEY, CPA
SCOTT D. SARBEY, CPA

EMERALD LAKE PLAZA
3107 STIRLING ROAD, SUITE 201
FT. LAUDERDALE, FLORIDA 33312
TELEPHONE (954) 985-1040
FAX (954) 985-0324

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December 1, 2003

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

Re: Law Offices of James J. Gangitano, P.A.

Gentlemen:

Pursuant to the enclosed Uniform Business Report for 2003, please note that the above referenced corporation respectfully requests waiver of any penalty, as they did not receive any prior notice or original report for the year 2003.

Enclosed please find a check payable to the Department of State in the amount of $150.00. We respectfully request waiver of this penalty as the original notice was never received and payment thereof would create a financial hardship on the part of the corporation.

We appreciate your response as soon as possible and please contact the undersigned if require any other information.

Sincerely,

JAFFE, KAUFMAN & SARBEY, LLC

Arthur J. Jaffe

AJJ/hrw

Enclosure

cc: James Gangitano