PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED والمحت متييد FLORIDA DEPARTMENT OF STATE **CORPORATION** 03 DEC ~8 PH 2:03 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA 20000342v4 DOCUMENT # 1. Corporation Name ANDREW M. REYNOLDS, INC. 2. Principal Office Address 3. Mailing Office Address **150.00 1136 Colony Arms Drive 1136 Colony Arms Drive Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified March 28, 2002 To Do Business in Florida City & State City & State 5. FEI Number Applied For Lakeland, Florida Lakeland, Florida 01-0650956 Not Applicable Zip Zip Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 33813 33813 Polk Polk for a Certificate of Status 7. Name and Address of Current Registered Agent John J. Lancaster, LL.M. Street Address (P.O. Box Number is Not Acceptable) 500 South Florida Avenue Suite, Apt. #, Etc. Suite 800 Zip Code Lakeland 33801 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 PERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zip Officers and/or Directors Officer and/or Director -1-136 Colony-Arms.Drive-PTS-Andrew-M.-Reynolds-Lakeland, Florida 33813 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 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 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 in gal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2



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- 1 BOARD CERTIFIED CITY, COUNTY AND LOCAL GOVERNMENT ATTORNEY
- BOARD CERTIFIED REAL ESTATE ATTORNEY
- BOARD CERTIFIED ELDER LAW ATTORNEY
- + ALSO ADMITTED TO PRACTICE IN TENNESSEE
- 5 BOARD CERTIFIED TAX ATTORNEY

December 2, 2003

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

Re: Andrew M. Reynolds, Inc. ("Corporation")

To Whom It May Concern:

I represent the above-referenced Corporation. Enclosed for filing on behalf of Andrew M. Reynolds, Inc. are the following documents:

- 1. Corporation Reinstatement form for Andrew M. Reynolds, Inc.
- 2. Check made payable to the Department of State in the amount of One Hundred Fifty and no/100 Dollars (\$150.00) for the Annual Report Fee and Corporate Supplemental Fee.

My client requests that the Department of State waive the Six Hundred and no/100 Dollars (\$600.00) Reinstatement Fee for the Corporation based on reasonable cause and good faith. This past year was the Corporation's first year in operation and they were unaware of the annual reporting requirements. Upon learning of the dissolution, they contacted me to get the report filed.

The Corporation has taken the appropriate steps to get the Corporation's report filed, and more importantly, have learned of the importance of the annual filing requirements. From hereon, the Corporation shall timely file the annual report and pay the fees. Therefore, based on the foregoing, we request that the Department of State waive the late filing penalty and accept the enclosed Uniform Business form and payment of \$150.00 for the Corporation.

If you have any questions, please do not hesitate to contact me.

Sincerely.

John J. Lancaster, LL.M.

JJL/dd Enclosure

cc: Andrew M. Reynolds