APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P02000091340	0
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1. Corporation Name

L.P.N., INC.

Principal Place of Business

Mailing Address

227 N.W. 7TH STREET BOCA RATON FL 33432 227 N.W. 7TH STREET BOCA RATON FL 33432

REMISTATEMENT 03 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 08/21/2002 Suite, Apt. #, etc. Suite, Apt. #, etc. 5.- FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status

Fitle(s)	Name of Officers and/or Directors	Street Address Officer and/or	
)	NEIL, JAMES K	227 N.W. 7TH STREET	BOCA RATON FL 33432
)	PAEZ NEIL, VICTORIA	227 N.W. 7TH STREET	BOCA RATON FL 33432
			200024053042 1072370301070007 **150.00
			10/23/03010/800/ **150.08
	8. Name and Address of Current Regis	tered Agent	9. Name and Address of New Registered Agent

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

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

PAEZ NEIL, VICTORIA

227 N.W. 7TH STREET

BOCA RATON FL 33432

REGISTERED AGENT MUST SIGN

Date 10 21 03

State

Fl

Zip Code

FILED

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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 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.

Suite, Apt. #, Etc.

City

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Daytime Phone #

CR2E040 (7/03)

October 21, 2003

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

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RE: L.P.N., INC.

Annual Report/Reinstatement Section Document No.: P02000091340

To Whom It May Concern:

In response to the enclosed Certificate of Administrations Dissolution of Revocation, I respectfully ask for a reinstatement.

I never received the Uniform Business Report for 2003, and was unaware of any renewal fees. This is my first year required to do this report and I did not receive any notice. I have enclosed a check for \$150.00 and ask you to waive the \$600.00 reinstatement fee.

Please contact me as soon as possible if any further information is required.

Sincerely

Victoria Neil

President for L.P.N., Inc.

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: L.P.N., INC.

Document Number: P02000091340

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the 19th day of September, 2003.

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Glenda K. Hood

Secretary of State