PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000127224 DOCUMENT #

1. Corporation Name

LINDA F. LUCKEY P.A.

Principal Place of Business

Mailing Address

150 BENT ARROW DRIVE

-150 BENT ARROW DRIVE

SUITE-15

DESTIN FL-92541

- SUITE 15 -

DESTIN FL-92541

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SCONETARY OF STATE
TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.					1				
		ling Office Address, If Applicable X FORD AVENUE		Date Incorporated or Qualified To Do Business in Florida 12/03/2002		12/03/2002			
Suite, Apt. #, 6	etc.	Suite, Apt. #,	eic.		5. FEI Number		Applied For		
City & State	<u> </u>	_City & State			02.01	54536			
PANAMA	CITY BEACH FL	PANAMA	A CITY BE	ACH FL	6.		Not Applicable		
^{ZB} 32413	Country ISAY	Zig 3241	3 0	BAY	I	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip				
P	LINDA F. LUCKEY		216 OXFORD AVENUE		PANAMA CITY BEACH FL 3243				
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					10/22/	 0024022 0301064008	**150.(0)		
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	-	^		110	1				
8. Name and Address of Current Registered Agent			7	9. Name and Address of New Registered Agent					
LUCKEY, LINDA F -150 BENT ARROW DRIVE -SUITE-15				Street Address (P.O. Box Number is Not Acceptable) 216 OXFORD AVENUE					
DESTIN FL 32541			1,1,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	PANAMA CITY BEACH State Zip Code FL 3243					
10. I, being ap	ppointed the registered agent of the abor	ve named corpo	oration, am fami	liar with and accept the ol	bligations of Section	on 607.0505, F.S. or 617.0	505, F.S.		



Date 10-17-2003

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.

October 17, 2003

Florida Department of State Ms. Glenda Hood Secretary of State Division of Corporations

Re: Annual Report/Reinstatement

Dear Ms. Hood,

I am returning the completed form and a check in the amount of \$150.00 to cover the fee for the annual report/reinstatement.

I was extremely surprised to receive the notification of dissolution of my corporation. It has been my practice to send everything to my CPA and to keep a copy in my file. He then files any necessary paperwork for me. In fairness to him, I do not have copies of the UBRs in my file, so I don't believe I ever received them. At the same time, I do think he should have raised the issue with me.

As you can see, the physical address and mailing address have changes, so it is possible that correspondence was sent to the old address.

This is my first year in business, and I was unused to being on the look-out for time sensitive correspondence. Consequently, I was unaware that something should have arrived in the mail but did not reach me.

I am hoping this will satisfy my obligation to the State. I have changed CPAs and have already penciled in a note on next years calendar, so this situation will not occur again.

Ţhank you,

Linda F. Luckey

President

Linda F. Luckey P.A.