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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 14 AM 10:40

DOCUMENT # P03000124496

1. Corporation Name  
Paul Burgess & Associates, Inc

2. Principal Office Address  
1040 Gulfstream Way

Suite, Apt. #, etc.

City & State

Riviera Beach FL

Zip

33404

Country

Palm Beach

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 11-5-03

5. FEI Number 03-0531389 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 Paul D. Burgess

Street Address (P.O. Box Number is Not Acceptable) 1040 Gulfstream Way

Suite, Apt. #, Etc.

City Riviera Beach

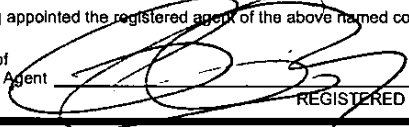
State FL

Zip Code 33404

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07/25/06--01040--007 \*\*450 00

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



REGISTERED AGENT MUST SIGN

Date 7/12/06

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
Pres	Paul D Burgess	1040 Gulfstream Way	Riviera Beach, FL 33404
Treas	Barbara Burgess	1040 Gulfstream Way	Riviera Beach FL 33404

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/06 561-882-4122

2042

**PAUL BURGESS & ASSOCIATES, INC.  
1040 GULFSTREAM WAY  
RIVIERA BEACH, FL. 33404  
(561) 882-4122**

July 12, 2006

Florida Department of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

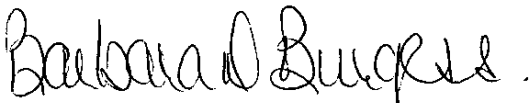
RE: Reinstatement

Please find enclosed the Corporation Reinstatement application and a check in the amount of \$450.00. This office was never notified and I was unaware that the Corporation status was inactive until yesterday. There was also a Federal Income Tax Return filed for this corporation 2005.

I am asking for your office to please! Waive the penalty. As you may recall the 2004 Hurricane season was very active and we were evacuated and without power for many days/weeks.

I would appreciate any consideration and help that your office could provide.

Sincerely,



Barbara D. Burgess, Treasurer