


I did not receive a postcard notice, attorney notice or accountant notice to file an annual report. D. O'Bannon

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000151854			
1. Corporation Name Dr. Brenda G. O'Bannon + Associate Inc			
2. Principal Office Address 1412 43rd Ave. Dr. W. Suite, Apt. #, etc. SNEAD Island City & State Palmetto, FL Zip 34221 Country USA		3. Mailing Office Address 1412 43rd Ave Dr. W. Suite, Apt. #, etc. SNEAD Island City & State Palmetto, FL Zip 34221 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 2003			
5. FEI Number 73-1688877		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name DR. BREWDA G. O'BANNON Street Address (P.O. Box Number is Not Acceptable) 1412 43rd Ave. Dr. W. Suite, Apt. #, Etc. SNEAD Island City Palmetto State FL Zip Code 34221			
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 <u>Dr. Brenda G. O'Bannon</u> Date <u>02-07-06</u> REGISTERED AGENT MUST SIGN			
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	Dr. Brenda G. O'Bannon	1412 43rd Ave. Dr. W.	Palmetto, FL 34221
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: <u>Dr. Brenda G. O'Bannon</u> Date <u>02-07-06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			

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