

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 APR -2 PM 1:19

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P04000060340

1. Corporation Name

Alicia Richardson, P.A.

2. Principal Office Address - No P.O. Box #

2605 Smithfield Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32837

Country

3. Mailing Office Address

717 East Oak Street

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34744

Country

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

04/09/2004

5. FEI Number

59-3482479

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

Alicia Richardson

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

2605 Smithfield Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Alicia Richardson

Date

3/28/08

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
DPST	Alicia Richardson	2605 Smithfield Drive	Orlando, FL 32837

000121950200
 04/02/08--01034--016 **600.00

734/3/08

REINSTATEMENT DS-08

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

Alicia Richardson

Alicia Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/2008

Date

(407) 847-7466

Daytime Phone #