

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 23 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

70011195527
10/23/07--01021--004 **300.00

REINSTATEMENT 06-07
CR2E081 (1/07)

DOCUMENT # P04000172009

1. Corporation Name
Lori DuBell, P.A.

2. Principal Office Address - No P.O. Box #
4021 Gulfshore Blvd. N.
Suite, Apt. #, etc.

3. Mailing Office Address
Box 111361
Suite, Apt. #, etc.

City & State
Naples, FL
Zip
34103 Country
USA

City & State
Naples, FL
Zip
34108 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
12-27-04

5. FEI Number
14-1880872 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
Lori DuBell

Street Address (P.O. Box Number is Not Acceptable)
4021 Gulfshore Blvd. N.

Suite, Apt. #, Etc.

City
Naples State
FL Zip Code
34103

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 Lori DuBell, P.A. Date 10/18/07
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
<u>Pres</u>	<u>Lori DuBell</u>	<u>4021 Gulfshore Blvd N.</u>	<u>Naples, FL 34103</u>
	<u>[Signature]</u>		

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: Lori DuBell, P.A. Date 10/18/07 Daytime Phone # 301.748.9995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR