

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 17 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23099**

1. Corporation Name

L.P. Specialists, Inc.

300008730313

10/31/02--01070--002 **900.00

7N03000003242

REINSTATEMENT 01-03

2. Principal Office Address

1000 E. Robinson St.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32801

Country

USA

3. Mailing Office Address

Post Office Box 1353

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32802

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3088-216

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

10/31/02 01070 002 \$900.00

7. Name and Address of Current Registered Agent

Name

R. Gregory Colvin, PA

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

1000 E. Robinson St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

R. Gregory Colvin
REGISTERED AGENT MUST SIGN

Date **1/27/03**

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
P	R. Gregory Colvin	1000 E. Robinson St.	Orlando, Florida 32801

300008730313
01/31/03--01075--010 **150.00

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03
Date

407.426.7808
Daytime Phone #

CR2E081 (9/01)