PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -2 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29635

1. Corporation Name

GOULD EVANS GOODMAN ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
706 MASSACHUSETTS STREET LAWRENCE KS 66044	706 MASSACHUSETTS STREET LAWRENCE KS 66044

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/01/1990

5. FEI Number: 48-1010359 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GOULD, ROBERT E	706 MASSACHUSETTS STREET	LAWRENCE KS 66044
VSD	EVANS, DAVID C.	706 MASSACHUSETTS STREET	LAWRENCE KS 66044

900008836049
11/06/02--01121--020 **158.75

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — James A. Bordonaro, Assistant Secretary — Date 11/5/02
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED — 11/5/02 — 816-981-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gould Evans Affiliates, PC
4041 Mill Street
Kansas City, Missouri 64111
816-931-6655 voice
816-931-9640 fax
gouldevans.com

GouldEvans

November 25, 2002

Florida State Department
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Waiver of penalty
Ref. #: P 29635

To Whom It May Concern:

We had never in the past received any notices for reinstatement, so when we received the final notice in the beginning of November 2002, we submitted a check for $ 158.75 (reinstatement fee+fee for certificate of status) by check #33978 dated 11/5/02 and a letter to waive the penalty fee, but we received a letter on November 22, 2002 saying that our balance due is $ 591.25 (penalty fee). We would like to waive this penalty fee, so please do the needful .

Thanking you in anticipation,

Robert Gould.
Principal,
Gould Evans Goodman Associates, P.A.