PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLIĈÄTION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P93000003361 DOCUMENT

1. Corporation Name

A-1 REPORTING, INC.

Principal Place of Business

Mailing Address

711 FALLS OF VENICE CIRCLE

4441 OLYMPIA RD. VENICE FL 34203

VENICE FL 34292

FILED

03 OCT 17 PM 12: 56

SECRETARY OF STATE FALLAHASSIE. FLORIDA

					INSTATE	MENTOS
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Ma 800 Second Street Suite, Apt. #, etc. Suite, Apt. #		information and enter correction below. iling Office Address, if Applicable Second 5+reet. # etc.		Date Incorporated or Qualified To Do Business in Florida 01/11/1993		
Suite 747 City & State Sarasota FL Zip Country	City & State	asota, FL	V	5. FEI Numbe 6.	59-3160345 — se	Applied For Not Applicable 3.75 Additional Fee required
34236 USA_	342	-36 L	<u>ls 4</u>	<u> </u>	F OF STATUS DESIRED	for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Fig. 1) Title(s) 1 Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
PST HARVEY, JULIE K		711 FALLS OF VENICE CIRCLE			VENICE FL 34292	
				. <u>.</u>		
				40	00239083 0301062008	154
				10/17/	0301062008	**150.00
				<u></u>		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent		
Name				1900 1900 1900 1900 1900 1900 1900 1900		
HARVEY, JULIE K			Street Address (P.O. Box Number is Not Acceptable)			
VENICE FL 34292	Suite, Apt. #, Etc.		•			
			City		Stat F I	e Zip Code
10. I, being appointed the registered age	ent of the above named corp	oration, am familiar wi	ith and accept the of	bligations of Secti	on 607.0505, F.S. or 617.05	05, F.S.
Signature of Registered Agent	HANNE RECEIVERED AG	GENT MUST SIGN			Date 10-10-0)3
11. I certify that I am an officer or director						

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

941-36le-6634

October 10, 2003

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

Dear Sir/Madam:

Per your automated voice instruction on your phone number 850-245-6059, I am writing for a waiver of my reinstatement fees for my corporation, as I never received my annual filing notice. As you will notice, my address has changed due to a divorce. I did change my address to the 711 Falls of Venice address, but somehow your department didn't change the mailing address as well, and it went to my ex-husband's address. He did forward me your Notice of Administrative Dissolution or Revocation, but he informed me he did not receive the Notice of Filing Annual Report, which was due in May. For this reason, I am asking that my reinstatement fees be waived. I have enclosed a check in the amount of \$150 for my annual filing. Please change my address to my office address, as shown on the enclosed form. Thank you for your help in resolving this matter.

If you have any questions, please feel free to contact me at 941-366-6634.

Sincerely,

Julie Harvey, President

A-1 Reporting, Inc.