

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

01 DEC -6 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # P93000071977

1. Corporation Name

Joel S. Treuhaff, P.A.

2. Principal Office Address

5700 Memorial Hwy

Suite, Apt. #, etc.

202 G

City & State

Tampa FL

Zip

33615

Country

U.S.A

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3206695

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

Joel S. Treuhaff

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

5700 Memorial Hwy # 202 G

Suite, Apt. #, Etc.

202 G

City

Tampa

State

FL

Zip Code

33615

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

Joel S. Treuhaff

REGISTERED AGENT MUST SIGN

Date 10/11/01

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
Pres.	Joel S. Treuhaff	2823 Wilkey Ave	Palm Harbor FL 34685

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:

Joel S. Treuhaff, Pres.

Joel S. Treuhaff

Date

Pres. 10/11/01 886-2526

Daytime Phone #

CR2001 (9/00)