

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 29 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070115

1. Corporation Name

ALLEN, LANG, CARPENTER & PEED, P.A.

2. Principal Office Address

108 EAST HILLCREST STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA 32801

Zip
32801

Country
USA

3. Mailing Office Address

108 EAST HILLCREST STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA 32801

Zip
32801

Country
USA

REINSTATEMENT 05-06

4. Date Incorporated or Qualified To Do Business in Florida

9/21/1994

5. EEL Number

59-3267914

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

THOMAS R. ALLEN

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

108 EAST HILLCREST STREET

Suite, Apt. #, Etc.

City

ORLANDO, FLORIDA 32801

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

REGISTERED AGENT MUST SIGN

Date NOVEMBER 29, 2006

Date

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
PD	Thomas F. Lang	14 E Washington Street, STE 600	Orlando, FL 32801
VPD	Thomas R. Allen	108 East Hillcrest Street	Orlando, FL 32801
VPD	Fred M. Peed	14 E Washington Street	Orlando, FL 32801
TD	Donald Curotto	14 E Washington Street	Orlando, FL 32801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 29, 2006 (407) 423-2038

Date

Daytime Phone #