

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		PGS600DU4075	
1. Corporation Name		Kirk D. RYNEARSON P.A.	
Principal Place of Business		Mailing Address	
Former: 526 Southard St. KEY WEST, FL 33040			
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	
912 TRUMAN AVE.		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City, State		City & State	
KEY WEST FL			
Zip		Country	
33040 MONROE			
4. Date Incorporated or Qualified To Do Business in Florida		1/17/95	
5. FEI Number		65-0659828	
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	KIRK D. RYNEARSON	912 TRUMAN AVE	KEY WEST, FL 33040
REINSTATEMENT 97-99 TS			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Kirk D. Ryneason, Kirk P.A. 526 Southard Street Old Mir Real Estate Group Key West FL 33040		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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.			
Signature of Registered Agent		Date	
[Signature]		3/24/99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30.			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		(See other side for information on intangible tax)	
12. 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:		3/24/99 (305)296-8822	
[Signature]		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			