

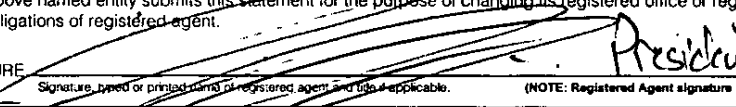
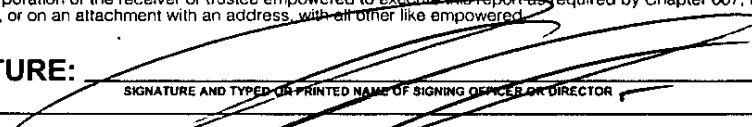


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000029204 1. Entity Name LARRY E. POWERS, JR., P.A.						FILED 08 NOV 12 PM 4:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 505 WEKIVA SPRINGS ROAD #300 LONGWOOD, FL 32779				Mailing Address 505 WEKIVA SPRINGS ROAD #300 LONGWOOD, FL 32779			
2. Principal Place of Business - No P.O. Box # Same				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
Suite, Apt. #, etc. City & State Zip Country				4. FEI Number 59-3323084 Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent POWERS, LARRY E JR. 505 WEKIVA SPRINGS ROAD STE 300 LONGWOOD, FL 32779				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and fee, if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE 11-6-08			
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS POWERS, LARRY E JR. 505 WEKIVA SPRINGS RD STE 300 LONGWOOD, FL 32779 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700137835957 11/12/08--01003--006 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				11-6-08 407 774 2247			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

PPH POWERS PERSONAL INJURY LAW FIRM

Auto Accidents • Wrongful Death • Defective Products • Slip & Falls

Larry E. Powers, Jr.
Attorney

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email: ppilawfirm@aol.com • www.ppilawfirm.com

Isabel Sinisterra
Legal Secretary

November 6, 2008

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

Re: 2008 Corporation Reinstatement

Dear Sir:

I have been primarily out of the office since July, for business reasons, and I have had a couple of family emergencies. I had an office manager who was supposed to be taking care of matters such as the Corporation Fee, but he did not do his job, and I fired him a week ago upon discovering this.

This is the first time that I have seen the Corporate Fee form, and I have become aware of the late payment of it. If you will check the records, I have never been late before.

I am requesting that, under the circumstances, you waive the late fees and accept the \$150.00 filing fee enclosed.

Best regards,

Larry E. Powers, Jr.

LEP/ics