

PLEASE READ **A** INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 AUG 30 PM 12:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # PA50000015425

1. Corporation Name
The CPA Corporation

Principal Place of Business Mailing Address
8338 S.W. 182nd Terrace Same
Miami, FL 33157

REINSTATEMENT 98-9a

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
8338 SW 182 Terrace
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
12/12/95

City & State
Miami, Florida
 Zip Country
33157 USA

City & State
FL
 Zip Country

5. FEI Number
65-0626138

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 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	George R. Phillips	8338 S.W. 182 Terrace	Miami, FL 33157

300002977593--6
 -09/02/99--01096--012
 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~Charles Johnson~~ ~~Spencer Konzenider~~
 KTG'S
 100 SE 2 street 28th floor
 Miami, FL 33131

Name Charles P. Johnson Jr.
 Street Address (P.O. Box Number is Not Acceptable) 3920 Riverland Rd.
 Suite, Apt. #, Etc. P.O. Box 460639
 City Fort Lauderdale State FL Zip Code 33346-0639

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 Charles P. Johnson Jr.
 REGISTERED AGENT MUST SIGN

Date 8/25/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/25/99 Daytime Phone # 305-940-9899

KE

CR2001 (12/96)