PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FURIN.

APPLIGATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

P96000021391

1. Corporation Name

DOCUMENT #

LIPTON INSURANCE EXAMS, INC.

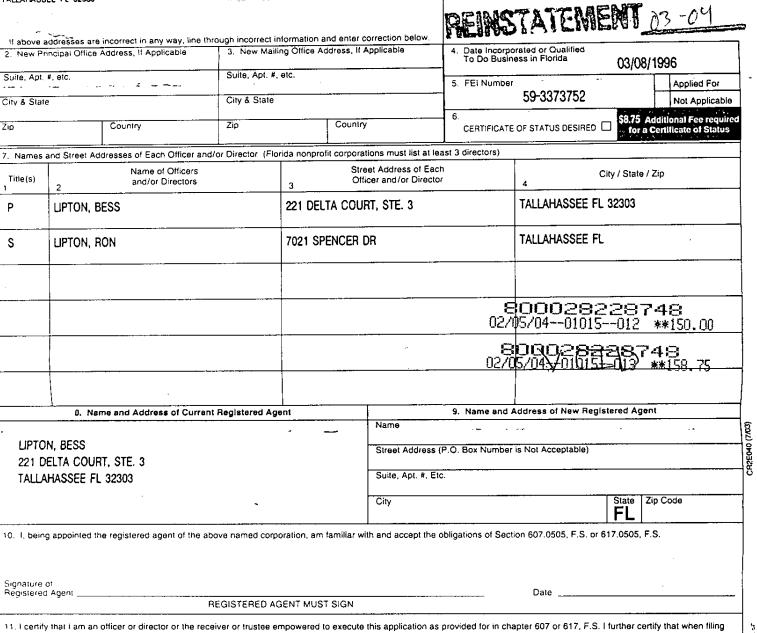
Principal Place of Business

Mailing Address

221 DELTA COURT, STE. 3 TALLAHASSEE FL 32303 221 DELTA COURT, STE. 3 TALLAHASSEE FL 32303 FILED

04 JAN 26 PM 1:18

SECRETARY OF STATE FALLAHASSEE, FLORIDA



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

C. SHATTE

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0004705 AV

Daytime Phone #

1-23-04

EXAM ONE 221 DELTA COURT Suite 3 TALLAHASSEE, FL 32303

Phone (850) 422-2828

Dear Sister

Fax (850) 422-2858 e-mail exams@nettally.com

in the correct place and sent it back to you. He 550 dollars has been recound. Enclosed is another signature for reinstatement. Hart you very much

gour fungtruly, Bess fling

gustin for conversation 1/23/04 enclosed is the check for \$150.00