PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P96000036796

1. Corporation Name

BETH G. REINEKE, P.A.

SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5440 MARINER DRIVE, SUITE 200 5440 MARINER DRIVE. SUITE 200 TAMPA FL 33609-3414 TAMPA FL 33609-3414 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 4. Date Incorporated or Qualified To Do Business in Florida 04/29/1996 5. FEI Number Applied For 59-3386508 Not Applicable: 6 \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director **PSTD** REINEKE, BETH G TAMPA FL 33609 900008592579 10/25/02--01054--007 **15 **150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent REINEKE, BETH-

5440 MARINER DRIVE, SUITE 200

TAMPA FL 33609-3414

Suite, Apt. #, Etc.

AMPA

FILED

02 OCT 25 PM 4: 35

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11. 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 filling 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2007

LAW OFFICE OF

BETH G. REINEKE, P.A.

WATERMARK AT WESTSHORE 5601 MARINER STREET, SUITE 100 TAMPA, FLORIDA 33609-3414

BOARD CERTIFIED FAMILY LAW
CERTIFIED FAMILY LAW MEDIATOR

TELEPHONE: (813) 289-5521

FACSIMILE: (813) 639-3171

October 22, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE:

Beth G. Reineke

FEI Number: 59-3386508

Reinstatement

To Whom It May Concern:

Enclosed please find the executed Application for Reinstatement and check in the amount of \$150.00.

As per the instructions on Revocation Notice, this letter is to serve as notice that the initial notices sent were not received at our office. The Revocation Notice states that notices were sent in January and again in September. I have double-checked our records and find no evidence of having received these notifications. This may be because our address has changed, and the notices were not forwarded to our office.

Please update your filing to reflect our current address;

Law Office of Beth G. Reineke, P.A. 5601 Mariner Street, Suite 100 Tampa, FL 33609

Please call me immediately at the number listed above if any additional action is required.

Sincerely,

LAW OFFICE OF BETH G. REINEKE, P.A.

Beth Gilmore Reineke, Esquire

President/Owner

BGR: cms Enclosure

X:\admin\reinstatement_ltr01.doc_smb