PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**	ARPLISAT	ION_	
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R	EINSTATE	MEAN	

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600003751	I
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1. Corporation Name

RAPPEL & RAPPEL, P.A.

Principal Place of Business

Mailing Address

_OAK-POINT_PROFESSIONAL-GENTER* -5070-NORTH-A1A--SUITE-221

OAK POINT PROFESSIONAL CENTER-5070 NORTH-A1A, SUITE 221

FILEL SCHELARY OF STAIL STRING OF CORPORATIONS

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-VERO-BEAK	GH-FL 32903-6024-	€ERO_BEAC	I- FL-32963-8824 -		}			
If above a	ddresses are incorrect in any way, line thro	ugh incorrect ir	formation and enter	correction below.	}			
2. New Principal Office Address, If Applicable 3. New Mailin 5070 HIGHWAYAIANORTH 5070			ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/01/1996			
Suite, Apt. #, etc. Suite, Apt. #, Suite, Apt. #, Suite, Apt. #,			.etc. と 221		5. FEI Number		<u> </u>	Applied For
City & State		City & State	BEACH	FI.		65-0660864		Not Applicable
Zip 329	63 Country	3296	Countr	у	6. CERTIFICATI	E OF STATUS DESIRED		onal Fee required ficate of Status
7. Names a	and Street Addresses of Each Officer and/o	or Director (Flo						
Title(s)	Name of Officers and/or Directors			reet Address of Each ficer and/or Director		City /	State / Zip	
D	RAPPEL, ROBERT		SOTO HIGH	D. CNTR STE 221 HWAYAIA	NORTH S	VERO BEACH FL 329	963	
D	RAPPEL, CRAIG M		OAK PT. PROF. 5070 HIGH	CNTR/STE 221/5	MORTH S	VERO BEACH FL 325	963	
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				40003440154- -10/26/000104401 ****158.75 ****158				
						*****100.10) ***** [}\	130.13
							DIM.	V
	8. Name and Address of Current R	tegistered Age	nt		Name and Address of New Registered Agent			
DANDE	I DOPERT			Name				
RAPPEL, ROBERT OAK POINT PROFESSIONAL CENTER				Street Address (P.O. Box Number is Not Acceptable) 5070 HIGHWAY AIA MORTH				
STE 221/5070 HWY AIA NORTH				Suite, Apt. #, Etc.				
			SUITE	City State Zip Code				
VEQU B				& ACH	∫ F		2963	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ot								
Signature of Registered Agent SIGNATURE REGISTER AND SIGNATURE SIG					-	Date 10 -6:	<u> 2000</u>	
K GPSET EL K是自在 面面 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig M. Rappel

10,16,2000

561.231.7223

Daytime Phone #



OAK POINT PROFESSIONAL CENTER
SUITE 221
5070 HIGHWAY A1A, NORTH
VERO BEACH, FLORIDA 32963-1216
TELEPHONE 561,231.7223
FACSIMILE 561,231.8824
e-mail rappellaw@pdmnet.com

ROBERT RAPPEL, D.O., J.D.* CRAIG M. RAPPEL** MICHAEL B. RAPPEL**

* MEMBER FLORIDA AND DC BAR
** BOARD CERTIFIED CRIMINAL TRIAL LAWYER
**OF COUNSEL

SUNTRUST TOWER SUITE 740 100 RIALTO PLACE MELBOURNE, FLORIDA 32901 TELEPHONE 407.956.0950

Please Reply to Vero Beach

October 13, 2000

Florida Department of State Division of Corporations Annual Report/Reinstatement Section 409 East Gaines Street Tallahassee FL 32399

Re:

Rappel & Rappel, P.A.

Tax I.D. 65-0660864

Document No. P96000037516

Gentlemen:

Following my conversation with Tyrone of October 12, 2000, we enclose our Application for Reinstatement with Rappel & Rappel, P.A. check No. 4940 in the amount of \$158.75 to cover the Application fee and a Certificate of Status.

Rappel & Rappel, P.A. did not receive the Uniform Business Report form request or the second notice as noted in the above-referenced document. As we received neither of these forms, we request that all late fees related to this filing be waived. We have changed the mailing address on the Application for Reinstatement in the hopes there will be no future delivery problems.

Thank you for your consideration in this matter.

Very truly yours,

RAPPEL & RAPPEL, P.A.

Judy Mack, Legal Administrator

For the Firm

Enclosures