DEC. -04' 01 (TUE) 16:50 CSC TALL P. 002

Dec 04 01 11:36a WILLIAM B PRINGLE 4076501800

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
H01000118833 3
01 DEC 5 PM 4:00

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000051396

1. Corporation Name
W.B. Pringle III Esquire P.A.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
390 N. Orange Ave	390 N. Orange Ave
Suite, Apt. #, etc. Ste 2100	Suite, Apt. #, etc. Ste. 2100
City & State Orlando FL	City & State Orlando FL
Zip 32801 Country U.S.A.	Zip 32801 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 6/14/96

5. FEI Number 59-3384538 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: William B. Pringle III
Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Ave
Suite, Apt. #, Etc.: Ste 2100
City: Orlando
State: FL Zip Code: 32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 12/4/01
REGISTERED AGENT MUST SIGN

CR2E051 (8/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	William B Pringle III	390 N. Orange Ave Ste 2100	Orlando FL 32801

10. 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: _____ 12/4/01 (407) 620-2097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY | DAS
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

W. B. PRINGLE, III, ESQUIRE, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00