

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

02 JAN -7 PM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **P96000051832**

1. Corporation Name  
**Law Offices of  
Karlene S. Stevens, P.A.**

700004880307--9  
-02/05/02--01046--015  
\*\*\*1050.00 \*\*\*1050.00

**REINSTATEMENT 00-02**

2. Principal Office Address <b>1615 Forum Place</b>		3. Mailing Office Address <b>1615 Forum Place</b>	
Suite, Apt. #, etc. <b>Suite 500</b>		Suite, Apt. #, etc. <b>Suite 500</b>	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>	
Zip <b>33401</b>	Country <b>USA</b>	Zip <b>33401</b>	Country <b>USA</b>

4. Date incorporated or Qualified To Do Business in Florida <b>6 / 196</b>	
5. FEI Number <b>65-0672485</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

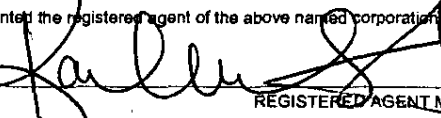
Name **Karlene S. Stevens, Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**1615 Forum Place, S**

Suite, Apt. #, Etc.  
**Suite 500**

City **West Palm Beach** State **FL** Zip Code **33401**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

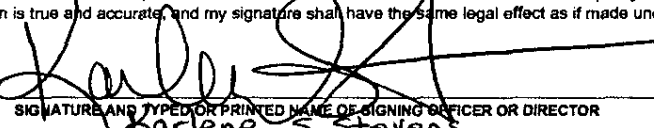
Signature of Registered Agent  Date **1/4/02**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>P/S/D</b>	<b>Karlene S. Stevens</b>	<b>1615 Forum Place, Suite 500</b>	<b>West Palm Beach, FL 33401</b>

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:  **1/4/02** **561-683-9066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Karlene S. Stevens** Date Daytime Phone #

CR2E081 (9/01)