PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000056064

1. Corporation Name

CALDWELL LAW FIRM, P.A.

Principal Place of Business

Mailing Address

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

CALDWELL LAW FIRM. P.A. 4415 METRO PKWY STE 110 FT. MYERS FL 33916 CALDWELL LAW FIRM. P.A. 4415 METRO PKWY STE 110 FT. MYERS FL 33916 FILED
LECRETARY OF STATE
LISTON OF CORPORATIONS

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FT. MYERS FL 33916			FT. MYERS FL 33916								
If above a	ddresses are	incorrect in any way, line the	ough incorrect in	nformation ar	nd enter correction below	w.					
New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable				Date Incorporated or Qualified     To Do Business in Florida     07/02/1996				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. FEI Number Applied For				
City & State	) ~ -c	7	City & State		一	65-0692055			Not Applicable		
Zip : Country			Zip Countr		Country		6.		\$8.75 Add	ditional Fee required	
Zip		Country					CERTIFICATE	OF STATUS DESIRED .	for a Ce	ertificate of Status	
7. Names a	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonprof			t 3 directors)				
Title(s)	2	Name of Officers and/or Directors		Street Address of Ea Officer and/or Direct							
PST	CALDWELL, PAUL R			6180 TIDEWATER IS CIR				FT MEYERS FL 33908			
				-				FT MYERS	FL	35908	
							F	0000344	109	064	
		<u> </u>						0000344 -10/26/00 ****150.	010 00 *:	83020 ***150.00	
						7			· · · · · · · · · · · · · · · · · · ·		
									N	110/423	
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Age				
					Name				•	1	
CALDWELL, PAUL R 6180 TIDEWATER IS CIR					Street Address (P.O. Box N			nber is Not Acceptable)			
FT MEYERS FL 33908					Suite, Apt. #, Etc.					•	
					City			F	tate Zip	Code	
10. I, being	appointed th	e registered agent of the ab	ove named corpo	oration, am f	familiar with and accept t	the ob	ligations of Secti	ion 607.0505, F.S.			
Signature of Registered Agent REGISTERED AGENT MUS					SIGN			Date	3/0	0	
			EGISTERED AG	ENI MUST	SIGN		<del></del>	<u> </u>			
this rein	statement ap	officer or director or the rece plication, the reason for diss	olution has been	eliminated,	the corporate name satis	isfies t	he requirements	of section 607.0401 or 61	7.0401, F.	.S., that all fees	



## CALDWELL LAW FIRM, P.A.

◆ 2500 Airport Road S., Suite 106A • Naples, Florida 34112 ◆ (941) 774-3500 • Fax: (941) 774-7979

Please reply to: Fort Myers Office

October 13, 2000

## VIA OVERNIGHT U.S. MAIL

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

Re:

Application for Reinstatement Caldwell Law Firm, P.A.

Document No. P96000056064

Dear Sir or Madam:

This law firm received a Notice of Administrative Dissolution today.

The person who was the Office Manager of this law firm and who handled our annual corporation reports is no longer an employee and can not be contacted at this time.

After a full search of the corporation reports file, as well as office files, records of correspondence and the law firm events calendar, there is no record of receiving the notice of annual reports/uniform business reports or the second notice of annual reports/uniform business reports.

We called the Division of Corporations at (850) 487-6059 this afternoon and were advised to submit this explanation, together with a \$150.00 check with our Application for Reinstatement.

Enclosed herewith is the completed and signed Application for Reinstatement of Caldwell Law Firm, P.A., together with our law firm check no. 2938 in the amount of \$150.00 for the Annual Report Fee and Corporate Supplemental Fee.

Thank you for your attention to this important matter.

Sincerely

Paul R. Caldwell

PRC:mys Encls.