PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith ry of State PORATIONS

DOCUMENT #

P96000074260

1. Corporation Name

SHARON A. BRESNICK, P.A.

Principal Place of Business

Mailing Address

603 SHERWOOD DRIVE **ALTAMONTE SPRINGS FL 32701**

603 SHERWOOD DRIVE ALTAMONTE SPRINGS FL 32701 FILED

02 OCT 28 AMII: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA



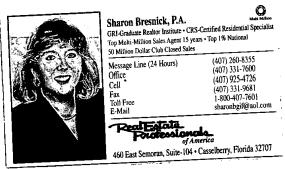
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
2. New Ma				iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 09/03/1996			
Suite, Apr. #, etc.				#, etc.					
City & State			City & State)		5. FEI Numbe	59-3396209	Applied For Not Applicable	
Zip		Country	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED (\$8.7	75 Additional Fee required or a Certificate of Status	
7. Names	and Street Add	dresses of Each Officer and	l/or Director (Fi	orida nonprof	it corporations must list at le	east 3 directors)			
Title(s)		Name of Officers and/or Directors		Street Address of Each Officer and/or Director		ch	City / State / Zip		
D	BRESNICK, SHARON A			603 SHERWOOD DRIVE			ALTAMONTE SPRINGS FL 32701		
						., 10/28/	000862501 0201079017	52 **150.00	
	8. Name	and Address of Current	Registered Age	ent		9 Name and A	Iddrago of New Davistand A		
BRESNICK, SHARON A 603 SHERWOOD DRIVE ALTAMONTE SPRINGS FL 32701						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
0. I, being	appointed the	\frown ,	^			bligations of Section	on 607.0505, F.S. or 617.0505,	'	
Signature of Registered A	igent	TROPOSONE			anks.d		- Cot-	2002	

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

REGISTERED AGENT MUST SIGN



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