PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 17 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000000532

1. Corporation Name

THERESA ANN PRATER, P.A.

Principal Place of Business	Mailing Address
9800 US HWY 441 STE 101 LEESBURG FL 34788	3316 INDIAN TRAIL EUSTIS FL 32726

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/27/1996

5. FEI Number: 59-3417038 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MORRIS, THERESA ANN	3316 INDIAN TRAIL	EUSTIS FL 32726

900024761009
11/17/03--01093--004 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MORRIS, THERESA ANN 3316 INDIAN TRAIL EUSTIS FL 32726	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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

Signature of Registered Agent: (X) SIGNATURE Theresa Ann Morris Date 11/12/03
REGISTERED AGENT MUST 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: (X) SIGNATURE Theresa Ann Morris Theresa Ann Morris 11/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Theresa Ann Prater, P.A.
9800 US Hwy 441
Suite 101
Leesburg, FL 34788
352-728-2224

November 11, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed is the completed Reinstatement Application and the appropriate fee of $150 (per your phone instructions). I did not receive the annual report or any UBR notifications previous to this one. Please waive any additional penalties/fees, and please reinstate the above corporation.

I thank you for your attention to this matter. Please feel free to contact me at 352-728-2224 if you have any further questions.

Thank you,

Theresa Ann-Morris