
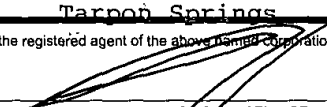
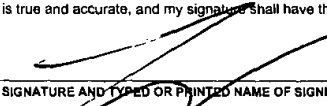


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000044385			
1. Corporation Name  LARRY CROW, P.A.			
2. Principal Office Address 1247 S. Pinellas Ave Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Tarpon Springs FL		City & State	
Zip 34689	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 5/15/97		5. FEI Number 59-3139099	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Lawrence D. Crow			
Street Address (P.O. Box Number is Not Acceptable) 1247 S. Pinellas Avenue			
Suite, Apt. #, Etc. 400018467044			
City Tarpon Springs		State FL	Zip Code 34689
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 4-23-03	
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
P/S	Lawrence D. Crow	1247 S. Pinellas Ave.	Tarpon Springs, FL 34689
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: 		Date 4-23-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (727) 945-1112	

REINSTATEMENT 01-03

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