

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 OCT 17 PM 7:44

DOCUMENT # P97000049051

1. Corporation Name

JEFFREY E. APPEL, P.A.

Principal Place of Business

5120 S LAKELAND DR
 SUITE 3
 LAKELAND FL 33807

Mailing Address

P O BOX 6455
 LAKELAND FL 33807



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
 5116 South Lakeland Dr.
 City & State
 Lakeland FL

Zip
 33813

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/03/1997

5. FEI Number

59-3435234

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	APPEL, JEFFERY E	5120 S LAKELAND DR, SUITE 3	LAKELAND FL 33807
		5116 South Lakeland Dr.	Lakeland FL 33813
			900004658349--9 -10/30/01--01008--005 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

APPEL, JEFFREY E
 5120 S LAKELAND DR
 SUITE 3
 LAKELAND FL 33807

9. Name and Address of New Registered Agent

Name
 Appel, Jeffrey E.
 Street Address (P.O. Box Number is Not Acceptable)
 5116 South Lakeland Dr.
 Suite, Apt. #, Etc.
 City
 Lakeland
 State
 FL
 Zip Code
 33813

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.

Signature of Registered Agent

Handwritten Signature

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

Handwritten Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01
 Date

803 619 7330
 Daytime Phone #

CR2E040 (8/01)