

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **99**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000051377**

1. Corporation Name
Law offices of M. Kathleen Clendining, P.A.

Principal Place of Business Mailing Address
**9070 Kimberly Blvd. Suite 57
Boca Raton, FL 33434**

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. **N/A**
City & State **-**
Zip **-** Country **-**

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. **N/A**
City & State **-**
Zip **-** Country **-**

FILED
99 SEP -7 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300002982853--7
-09/09/99--01074--003
*****750.00 ***750.00**

REINSTATEMENT 99
4. Date Incorporated or Qualified To Do Business in Florida **5-28-97**
5. FEI Number **65-0776691**
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	M. Kathleen Clendining	9070 Kimberly Blvd. 57	Boca Raton, FL 33434
Sec.	M. Kathleen Clendining	9070 Kimberly Blvd. 57	Boca Raton, FL 33434

8. Name and Address of Current Registered Agent
**M. Kathleen Clendining
9070 Kimberly Blvd. 57
Boca Raton, FL 33434**

9. Name and Address of New Registered Agent
Name **-**
Street Address (P.O. Box Number is Not Acceptable) **-**
Suite, Apt. #, Etc. **-**
City **-** State **FL** Zip Code **-**

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 **[Signature]** REGISTERED AGENT MUST SIGN Date **8/31/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]** **president** Date **8/31/99** Daytime Phone # **561-482-2000**

CR2E040 (1/98)