## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN

FLORIDA DEPARTMENT OF STATE Lon Smith iny of State

P97000053213

1. Curporation Name

DOCUMENT #

CONLEY FINANCIAL ADVISORY SERVICES, INC.

Principal Place of Business

Mailing Address

1135 PASADENA AVE., S., STE, 312 S. PASACENA FL 33707

1135 PASADENA AVE., S., STE. 312 S. PASADENA FL 33707

FILED

02 NOV -4, PH 5: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA



M abovo addresses are incorrect in any way, line thro-			
2. New Principal Office Address, If Applicable	2	New Mailing Office Address, If Applicable	4. Date in

	BOOD S. MARITANA DA		
Suite, Apt. #, etc.	Suite, Apt /#, etc.		
City & Stato	ST. PETE BEACH	FL	
Zip Country	33706 Country	 '4 c	

4. Date incorporated or Qualified To Do Business in Florida 06/16/1997 5. FEI Number

59-3455168

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Cortilleate of Status

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Namo of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director DP CONLEY, WILLIAM M S. PASADENA FL 33707 1135 PASADENA AVE S. #312 ST. PETE BEACH 3200 SMARITALA DRIVA 33706

> |800008778968 /04/02--01041--025

5. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY. 1201 HAYS STREET TALLAHASSEE FL 32301-2525

William M. Cowley
Street Address (P.O. Box Number is Not Acceptable) 3200

Sulle, Apl. #, Etc.

57. PETE BEACH Zip Code 33706

I, being appointed the registered agent of the above named corporation, am familiar with and eccept the obligations of Section 607.0505, F.S. or 817.0505, F.S.

10-31-2002

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustice empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 feet 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:

State OHE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dete Dayume Phone # 웋



## **H&R BLOCK**

District Office, 10801 Starkey Rd. #19, Largo, FL 33777 \* Tel: (727) 394-2348 \* Fax: (727) 394-7129

October 24, 2002

Florida Dept Of State Division of Corporations

Re: Conley Financial Advisory Services, Inc.
Document number P97000053213

Dear Sirs:

Please note that the corporation, Conley Financial Advisory Services, Inc. never received annual reports and annual registration forms from the Florida Department of State. This may be due in part to a change of address of the corporation. If the forms were received, it has been the history of the corporation to provide due diligence and to promptly file timely.

Please note that the corporation has a new mailing address as follows:

Conley Financial Advisory Services, Inc. 3200 S. Maritana Drive St. Pete Beach, Fl 33706

Enclosed, are the completed forms with the regular filing fees as suggested by your office. We respectfully request that the reinstatement fees be waived, as there was no willful intent to disregard the due-process of filing and payment of said fees.

Sincerely,

Thomas Ruikkie, EA

H&R Block District Manager

For Conley Financial Advisory Services, Inc.

CC; CFS

file