

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
 DIVISION OF CORPORATIONS
 99 OCT 19 PM 3:34

DOCUMENT # P97000062448

1. Corporation Name
 S.G. DUDENHOEFER, P.A.

Principal Place of Business Mailing Address
 213 ORANGWOOD LANE 213 ORANGWOOD LANE
 LARGO FL 33770 LARGO FL 33770



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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 07/18/1997
Suite, Apt. #, etc. 207 Orangewood Ln City & State LARGO, FL Zip 33770	Suite, Apt. #, etc. 207 Orangewood Ln City & State LARGO, FL Zip 33770	5. FEI Number 59-3456736
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable \$6.75 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
D	DUDENHOEFER, SUZANNE G	213 ORANGWOOD LANE	LARGO FL 33770

200002058802
 12/02/99 01052 017
 ***150.00 ***150.00

PH 10/25

8. Name and Address of Current Registered Agent DUDENHOEFER, ROBERT B SR 213 ORANGWOOD LANE LARGO FL 33770	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
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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: Robert B. Dudenhofer, Sr.
 REGISTERED AGENT MUST SIGN
 Date: 10/14/99

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: Suzanne G. Dudenhofer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 10/15, 1999
 Daytime Phone #

CR2ED40 (8/99)

10/14/99

Florida Department of State
Division of Corporations
Attention: Reinstatement Division

Dear Sirs,

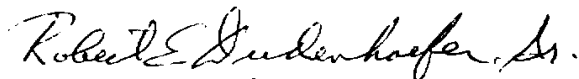
We did not file an Annual Report because I do not believe we received the paper work.
I forward all forms to my accountant and he does not have a record of receiving it either.

I understand that it is my responsibility to file an Annual Report by May 1st..

We request a waiver for this omission, and understand that if we are granted a waiver it
will be the last time a waiver will be granted.

Sincerely yours.


Suzanne G Dudenhofer
Signing Officer


Robert E Dudenhofer Sr
Registered Agent

207 Orangewood Lane
Largo FL 33770
727-584-5019