PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

P97000098715 DOCUMENT

Principal Place of Business

3410 S. OCEAN DRIVE

SUITE #601 HALLANDALE FL 33009

REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS						FILED			
DOCUMENT # P97000098715 Corporation Name						03 OCT 20 AM 11: 04 TÄLLAHASSEE, FLORIDA 20 5-1-03 90968 034 150			
NDREA L. OLSON, P.A.									
410 S. OCEAN DRIVE 3410 S UITE #601 SUITE				lailing Address 10 S. OCEAN DRIVE JITE #601 ALLANDALE FL 33009					
				ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/17/1997			
Suite, Apt. #, etc. Suite, Apt. #				, etc.		5. FEI Number Applied For			
City & State City & Sta							65-0795600	Not Applicable	
ip Country			Zip		Country	6. CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee require for a Certificate of Status			
. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	it corporations must list at le	ast 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State /	Zip		
D	OLSON, ANDREA L			3410 S. OCEAN DRIVE, #601		HALLANDALE FL 33009			
									
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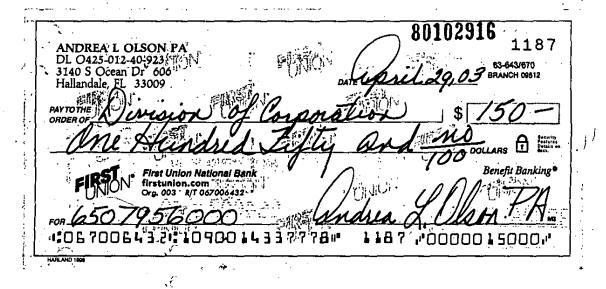
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list Name of Officers Street Address of Title(s) and/or Directors Officer and/or Dir OLSON, ANDREA L 3410 S. OCEAN DRIVE, #601 D 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CR2E040 (7/03) SWART, HARRY J CPA Street Address (P.O. Box Number is Not Acceptable) 717 EAST OAK STREET Suite, Apt. #, Etc. **KISSIMMEE FL 34744** City Zip Code State 10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Date 10-1503 REGISTERED AGENT MUST SIGN 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

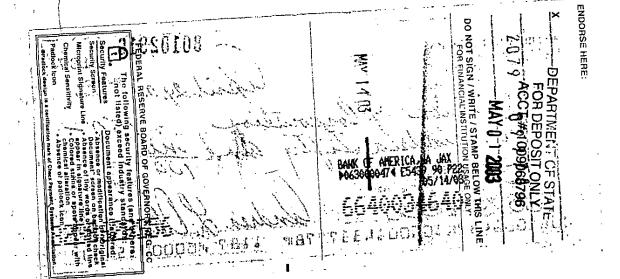
Registered Agent

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

OFFICER OR DIRECTOR





Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Andrea Olson, PA

October 13, 2003

To Whom It May Concern:

Andrea Olson, PA filed a corporate UBR on time. The check was cashed yet you claim that the report was not filed. Enclosed are a new UBR and a copy of the cashed check.

Please reinstate the corporation immediately.

Thank you,

Andrea Olson, President