


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION<br>REINSTATEMENT  |                                      |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                | FILED<br>05 SEP 13 AM 8:18<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |                               |
|---|--------------------------------------|---|----------------|--|-------------------------------|
| DOCUMENT # <u>P9700007932</u>   |                                      |   |                |  |                               |
| 1. Corporation Name<br>Pamela E. Langham, P.A.  |                                      |   |                |  |                               |
| 420 Canterbury Lane   |                                      |   |                |  |                               |
| 2. Principal Office Address<br>420 Canterbury Lane  |                                      | 3. Mailing Office Address<br>P.O. Box 1197  |                |  |                               |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.   |                |  |                               |
| City & State<br>Gulf Breeze, Florida  |                                      | City & State<br>Gulf Breeze, Florida  |                |  |                               |
| Zip<br>32561  | Country<br>USA                       | Zip<br>32561  | Country<br>USA | 4. Date Incorporated or Qualified<br>To Do Business in Florida August 1997   |                               |
|   |                                      |   |                | 5. FEI Number<br>59-3481950  | Applied For<br>Not Applicable |
|   |                                      |   |                | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required<br>for a Certificate of Status |                               |
| 7. Name and Address of Current Registered Agent   |                                      |   |                |  |                               |
| Name George Harry Stopp, Jr.  |                                      |   |                |  |                               |
| Street Address (P.O. Box Number is Not Acceptable)<br>109 N. Palafox  |                                      |   |                |  |                               |
| Suite, Apt. #, Etc.<br>Suite 2  |                                      |   |                |  |                               |
| City<br>Pensacola   |                                      |   |                | State<br>FL  | Zip Code<br>32502             |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  |                                      |   |                |  |                               |
| Signature of<br>Registered Agent <u>G. H. Stopp, Jr.</u>  |                                      |   |                | Date 9/7/05  |                               |
| REGISTERED AGENT MUST SIGN  |                                      |   |                |  |                               |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |                                      |   |                |  |                               |
| Titles  | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director   |                | City / State / Zip   |                               |
| President   | Pamela E. Langham                    | 420 Canterbury Lane   |                | Gulf Breeze, FL 32561  |                               |
|   |                                      |   |                |  |                               |
|   |                                      |   |                |  |                               |
|   |                                      |   |                |  |                               |
|   |                                      |   |                |  |                               |
|   |                                      |   |                |  |                               |
|   |                                      |   |                |  |                               |
|   |                                      |   |                |  |                               |
| 10. 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: <u>[Signature]</u>   |                                      |   |                | 09/07/05 850 341 1369  |                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                      |   |                | Date Daytime Phone #   |                               |

CR2E081 (01/05)