

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN -7 PM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004362

1. Corporation Name

ROBERT R. EDWARDS, P.A.

Principal Place of Business

Mailing Address

1600 SE 17TH ST
STE 405
FT LAUDERDALE FL 33316

1600 SE 17TH ST
STE 405
FT LAUDERDALE FL 33316

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

2. New Principal Office Address, If Applicable
5220 NE 26th Ave

3. New Mailing Office Address, If Applicable
5220 NE 26th Ave

2001-2002 UBP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/13/1998

City & State
Ft. Laud., FL

City & State
Ft. Lauderdale, FL

5. FEI Number

65-0808040

Applied For

Not Applicable

Zip 33308 Country USA

Zip 33308 Country USA

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	4 City / State / Zip
PSTD	EDWARDS, ROBERT R	1600 SE 17TH ST STE 405	FT LAUDERDALE FL 33316
PSTD	Edwards, Robert R	5220 NE 26th Ave	Ft. Lauderdale, FL 33308

300004880079--2
-02/05/02--01037--010
****300.00 ****300.00

8. Name and Address of Current Registered Agent

~~EDWARDS, ROBERT R
1600 SE 17TH ST CSWY
#405
FORT LAUDERDALE FL 33316~~

9. Name and Address of New Registered Agent

Name Edwards, Robert R
Street Address (P.O. Box Number is Not Acceptable) 5220 NE 26th Ave
Suite, Apt. #, Etc.
City Ft. Lauderdale State FL Zip Code 33308

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 01/02/02

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: [Signature] 01/02/02 (954) 491-7472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (801)

2052

Law Office of
ROBERT R. EDWARDS, P.A.
5220 N.E. 26th Avenue
Ft. Lauderdale, Florida 33308
(tel) (954) 229-0540
(fax) (954) 771-0790

January 2, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement

Dear Sir or Madam:

Enclosed is an Application for Reinstatement of the above-named corporation, along with a check for \$300.00. I am requesting a waiver of the late fees because the Notice of Dissolution or Revocation was the first notice I received that anything was due or past-due. You will note that the address you had for me (1600 S.E. 17th Street), has not been valid for over two years now.

I called the Reinstatement Section and the examiner with whom I spoke instructed me to send the \$300 along with the letter and application requesting a waiver on the above-referenced grounds. If you need any additional information, please feel free to call.

Sincerely,



Robert R. Edwards