

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAR -2 AM 9:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000007852**

1. Corporation Name

LAW OFFICE OF FRANK J. CURRIE, P.A.

Principal Place of Business

Mailing Address

401 WATERSIDE LANE
 NOKOMIS FL 34275

POST OFFICE BOX 2898
 SARASOTA FL 34230

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

REINSTATEMENT *gg-oo*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/19/1998

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0813837

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D, P	CURRIE, FRANK J	401 WATERSIDE LANE	NOKOMIS FL 34275
			600003171656--0 -03/15/00--01102--008 ***750.00 ***750.00
			000003171650--8 -03/15/00--01102--009 ***158.75 ***158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CURRIE, FRANK J
 401 WATERSIDE LANE
 NOKOMIS FL 34275

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Frank J. Currie **REQUIRED**
 REGISTERED AGENT MUST SIGN **Frank J. Currie**

Date 2/15/00

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:

Frank J. Currie **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Frank J. Currie, President

2/15/00
 Date

(941) 320-1422
 Daytime Phone #

CR2E040 (8/99)