PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 19 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029493

1. Corporation Name

LAURA A. FEIGE, P.A.

Principal Place of Business	Mailing Address
480 GULF SHORE DR DESTON FL 32541	480 GULF SHORE DR DESTON FL 32541

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

06-07-99-90017-024 $550.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
P.O. Box 5885	P.O. Box 5885
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DESTIN	DESTIN, FL
Zip 32540 Country USA	Zip 32540 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/31/1998

5. FEI Number: 59-3505854 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

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	FEIGE, LAURA A	480 GULF SHORE DR	DESTON FL 32541 DESTIN, FL 32541

REINSTATEMENT CG

100003062091 SP-T
-12/06/99--01123--004
****200.00 ****200.00

8. Name and Address of Current Registered Agent

FEIGE, LAURA A
480 GULF SHORE DR
DESTON FL 32541

9. Name and Address of New Registered Agent

Name: LAURA A. FEIGE
Street Address (P.O. Box Number Is Not Acceptable): 480 GULF SHORE DR.
Suite, Apt. #, Etc.: # 111
City: DESTIN State: FL Zip Code: 32540

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: Laura A. Feige REQUIRED Date: 11/01/99
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 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: Laura A. Feige REQUIRED 11/01/99 (850) 837-1988
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/98)