PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Artilla :. , AFPLICATION . Katherine Harris **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 HOY - 2 PM 2: 15 DOCUMENT # P98000035587 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA GAIL E. LAMBERT, P.A. GAIL E. LAMPERT, P.A. Principal Place of Business Mailing Address 1 FLORIDA PARK DRIVE SOUTH 1 FLORIDA PARK DRIVE SOUTH SUITE 111 9 SUITE 111 PALM COAST FL 32137 PALM COAST FL 32137 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address. If Applicable 3. New Mailing Office Address. If Applicable Date Incorporated or Qualified To Do Business in Florida Office 2 Office Drive 04/17/1998 Suite, Apt. #, etc. 5 FELNumber Applied For City & State 59-3506398 Not Applicable \$8.75 Additional Fee required for a Certificate of Status ^{Zip}32/37 32137 CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Flonda nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Title(s) City / State / Zip DPST LAMPERT, GAIL E 8 CRAFT COURT PALM COAST FL 32137 1 0 0 0 0 3 0 4 6 2 5 1 -11/16/99--01090--<u>0</u>15 ****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registr red Agent Name LAMPERT, GAIL E Street Address (P.O. Box Number is Not Acceptable) **8 CRAFT COURT** Suite, Apt #, Etc. PALM COAST FL 32137 State Zip Code City 10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 0505, F Signature of Registered Agent Date EGISTERED 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

* Gail E. Lampert, P.A.

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October 27, 1999

MS. KATHERINE HARRIS Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: GAIL E. LAMPERT, P.A.

Dear Ms. Harris:

I enclose for your review the following documents: Corporation Annual Report for 1999; Certificate of Administrative Dissolution for the Corporation GAIL E. LAMBERT, P.A.; the Articles of Incorporation for GAIL E. LAMPERT, P.A., filed on April 17, 1998. It has come to my attention that the name which you are using for the corporation, registered with the number P980000035587, is spelled incorrectly.

I moved my office from the address where the corporation was originally registered and only recently received the Certificate of Administrative Dissolution. I understand that the renewal for the corporation should have been filed by May 1, 1999, however, this fact just came to my attention and that is the reason I did not file it before this date.

I respectfully request that the dissolution be reversed and the correct name be used for the corporation with the document number referenced herein. Kindly forward me the corrected name on all corporation documents. I am also enclosing a copy of the FEIN assigned to me by the IRS for the corporation: GAIL E. LAMPERT, P.A.

I am sending the Federal Income Tax Return to the IRS as an S-Corporation. I am enclosing the renewal fee of \$150.00. I thank you for your assistance in this matter. Should you require any further information, please contact my office.

Sincerely yours,

GAIL E. LAMPERT

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GEL/gl Enclosures