


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

182

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000073171			
1. Corporation Name <b>MARIA KELLIS, P.A.</b>			
2. Principal Office Address <b>10303 Welbeck Ct</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc. <b>N/A</b>		Suite, Apt. #, etc. <b>N/A</b>	
City & State <b>TAMPA</b>		City & State <b>FL (SAME)</b>	
Zip <b>33626</b>	Country <b>U.S. A</b>	Zip <b>SAME</b>	Country <b>SAME</b>

**REINSTATEMENT** 03-04  
MRS

4. Date Incorporated or Qualified To Do Business in Florida <b>8/21/98</b>	
5. FEI Number <b>59-3529448</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <b>MARIA KELLIS</b>	
Street Address (P.O. Box Number, is Not Acceptable) <b>10303 Welbeck Ct</b>	
Suite, Apt. #, Etc.	
City <b>Tampa</b>	State <b>FL</b>
Zip Code <b>33626</b>	

800039250648  
07/16/04--01042--002 \*\*150.00

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 Registered Agent **[Signature]** Date **6-21-04**

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P President	MARIA KELLIS	SAME AS ABOVE	
S Secretary	MARIA KELLIS	"	"
T Treasurer	MARIA KELLIS	"	800039250648
			07/16/04--01042--001 **150.00

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: **[Signature]** Date **6/21/04** Daytime Phone # **727-789-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P  
S  
T

CR2E081 (01/04)

202

June 21, 2004

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

SUBJECT: MARIA KELLIS, P.A.  
Ref. Number: P98000073171

We are requesting that you waive the reinstatement fee because the annual report for 2003 was never received. Thank you in advance for your prompt attention to this important matter. Enclosed, please find two checks for a total of \$300.00.

Sincerely,



Maria Kellis, P.A.

Enclosures: Two Checks, Corporation Reinstatement Form,  
Letter Number: 004A00034576