

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 DEC 21 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P98000088751

1. Corporation Name

POWLESS & ASSOCIATES, INC.

Principal Place of Business

1115 NORTHWEST 13TH STREET
GAINESVILLE FL 32601
US

Mailing Address

1115 NORTHWEST 13TH STREET
GAINESVILLE FL 32601
US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/19/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3537787	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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	POWLESS, JOEL J	1115 NORTHWEST 13TH STREET	GAINESVILLE FL 32601
			600003529146--1 -01/09/01--01022--021 ***750.00 ***750.00

REINSTATEMENT 1/78

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		Name JOEL POWLESS	
		Street Address (P.O. Box Number is Not Acceptable) 1115 NW 13th St.	
		Suite, Apt. #, Etc.	
		City GAINESVILLE	State FL
		Zip Code 32601	

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 REQUIRED** _____ Date 12/18/00

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: **SIGNATURE REQUIRED** _____ Date 12/18/00 (352) 333-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)