, PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETI	NG THIS FOI	RM.	•
RELUCTE UNT	FLORIDA DE AN ME attribe ece	OF STATE		7** Alla	D	10
DOCUMENT # P98000104968 1. Corporation Name			OI JAN 10 AM11: 04			
JOSEPH R. BRYANT, P.A.			S TA	SEGRETARY OF LLEAHASSEE.	F STATE FLORIDA	
Principal Place of Business	Mailing Address					
103 SOUTH BOULEVARD TAMPA FL 33606	103 SOUTH BOULEVARD TAMPA FL 33606	OULEVARD 306				
If above addresses are incorrect in any way, line thr 2. New Principal Office Address, If Applicable 202 South Moody Ave. Suite, Apt. #, etc. City & State Tampa, FL 33609 Zip Country 33609 U.S. 7. Names and Street Addresses of Each Officer and/or Directors 1 Name of Officers and/or Directors	3. New Mailing Office Address, If 202 South Mood Suite, Apt. #, etc. City & State Tampa, FL 336 Zip Countr 33609 II for Director (Florida nonprofit corpora	Applicable Ly Ave.	5 FEI Number 59-354 6. CERTIFICATE	6186 OF STATUS DESIRED	No.	plied For at Applicable
D BRYANT, JOSEPH R 169-SQUTH BQULEWARD:			TAMPA-FL-33606			
	202 Sout	th Moody A		Tampa, FL 00035 -01/17/0 ****300	39607 1101013-	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
BRYANT, JOSEPH R ESQ. 183 SOUTH BOULEVARD- TAMPA-FL-33686		Name Street Address (P.O. Box Number is Not Acceptable) 202 South Moody Avenue Suite, Apt. #, Etc.				
10. I, being appointed the registered agent of the about Signature of Registered Agent	IVREREQUES SISTERED AGENT MUST SIGN		ligations of Section	•	FL 336	
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the ron this application is true and accurate, and my significant the second secon	plution has been eliminated, the corpo names of individuals listed on this for	orate name satisfies trm do not qualify for a fect as if made under	the requirements on exemption under oath.	of section 607.0401 or 6	617.0401, F.S., that F.S. The informatic	t all fees on indicated
/ JOHATUNEAND INTED OR PRI	TILD HAME OF SIGNING OFFICER OR	DIRECTOR		Date	Daytime Phone #	1

JOSEPH R. BRYANT, P.A.

20/2

202 SOUTH MOODY AVENUE TAMPA, FLORIDA 33609

JOSEPH R. BRYANT Board Certified Civil Trial Attorney

EAV

(813) 250-3813 (813) 250-1983

January 8, 2001

Ms. Leslie Sellers
Document Specialist
Department of State
Division of Corporations
Reinstatement Division
Post Office Box 6327
Tallahassee, Florida 32314

Dear Ms. Sellers:

I have received your letter of December 6, and thank you for the same. Regarding our request for waiver of reinstatement fee, neither I nor any member of my staff have at any time received from the Department of State any notices for filing prior to the present notice. As previously stated, my previous address was 103 South Boulevard, Tampa, Florida 33606. We never received any documentation from the Department of State at that address until we moved to our presently location in May of last year. It is hard to imagine that we would have overlooked any documentation sent from your office since it is critical to our functioning that we correctly file and calendar all notices from the Department of State (especially where service of process is concerned).

I have enclosed a company check in the amount of \$300.00 for the 1999/2000 annual report. I will await your reply as to the status of any remaining fee.

Should you have any questions or suggestions, please do not hesitate to contact me at extension 30 at the above number.

Sincerely,

JOSEPH R. BRÝANT

JRB/tmk encl.