

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED



DOCUMENT # P99000003068

1. Corporation Name

Paul Puzzanghera, P.A.

2. Principal Office Address

1915 McKinley st

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip 34625

Country PINELAS

City & State

—

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/99

5. FEI Number

59 3608096

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul Puzzanghera,

Street Address (P.O. Box Number is Not Acceptable)

1915 McKinley Street

Suite, Apt. #, Etc.

500003524135-0  
-01/04/01-01/09-015  
\*\*\*\*150.00 \*\*\*\*150.00

City

Clearwater

State

FL

Zip Code

34625

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

Date

12/4/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| D      | Paul Puzzanghera,                    | 1915 McKinley st.                                 | Clearwater, FL 34625 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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:

Paul Puzzanghera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/00 727-322-9555

Date

Daytime Phone #

PUZZANGHERA LAW OFFICES  
A PROFESSIONAL ASSOCIATION

December 4, 2000

Department of State  
**ATTENTION: MICHELLE MILLIGAN**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Corporation Reinstatement  
Corporation Name: Paul Puzzanghera, P.A.

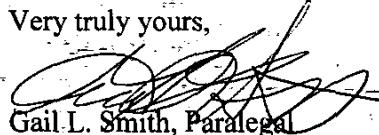
Dear Michelle:

Pursuant to our telephone conversation in reference to the above corporation, I am enclosing the completed Corporation Reinstatement for Paul Puzzanghera, P.A.

As we advised you, Attorney Puzzanghera never received the 2000 Uniform Business Report as it was inadvertently sent to the wrong zip code. We respectfully request that the Division waive all penalties and any other reinstatement fees as a result of this administrative error. We are enclosing our firm check in the amount of \$150.00 which represents the annual fees due for the year 2000.

Thank you for your assistance in this regard. If you have any questions regarding this, please do not hesitate to contact me.

Very truly yours,

  
Gail L. Smith, Paralegal

/gls

Enclosures