

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000009463

1. Corporation Name

O.D. LONG & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

390 NORTH ORANGE AVE., STE 2180  
ORLANDO FL 32801

390 NORTH ORANGE AVE., STE 2180  
ORLANDO FL 32801

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1999

5. FEI Number

59-3555660

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
Pres	Ometrias Deon Long	390 North Orange Ave, Ste 2180	Orlando, FL 32801

8. Name and Address of Current Registered Agent

LONG, OMETRIAS DEON  
1221 WEST COLONIAL DRIVE  
SUITE 102  
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*  
REGISTERED AGENT MUST SIGN

Date

10/12/00

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



O. D. LONG & ASSOCIATES, P. A.

ATTORNEYS AT LAW

390 NORTH ORANGE AVENUE

SUITE 2180

ORLANDO, FLORIDA 32801

OMETRIAS DEON LONG  
ROBERT H. CULTON, II  
OF COUNSEL

TELEPHONE: (407) 426-5711  
FACSIMILE: (407) 426-5712

October 12, 2000

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
409 East Gaines Street  
Tallahassee, Florida 32301

RE: O.D. Long & Associates, P.A.  
Notice of Revocation

Dear Madam/Sir:

Enclosed is the executed Application For Reinstatement. Also, proof of payment for the reinstatement fee is also enclosed. We request for all additional fees to be waived upon revocation because the enclosed checks were presented to my bank and cash on time to avoid dissolution of my corporations.

I am requesting my corporation be reinstated immediately. If you have any questions please do not hesitate to call. With kind regards I am

Very truly yours,

  
Ometrias Deon Long

ODL/peb