

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
lim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000015395

1. Corporation Name

LOU DESAUTELS, P.A.

Principal Place of Business

540 RADNOR DR.
PALM HARBOR FL 34683

Mailing Address

540 RADNOR DR.
PALM HARBOR FL 34683



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1999

5. FEI Number

59-3558414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DESAUTELS, LOU	540 RADNOR DR.	PALM HARBOR FL 34683
D	DESAUTELS, LORRAINE	540 RADNOR DR.	PALM HARBOR FL 34683

400008778904
11/04/02--01041--024 **158.75

8. Name and Address of Current Registered Agent

DESAUTELS, LOU
540 RADNOR DR.
PALM HARBOR FL 34683

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 (727) 462-7760

CR2E040 (8/02)

October 30, 2002

Florida Department of State
Division of Corporations

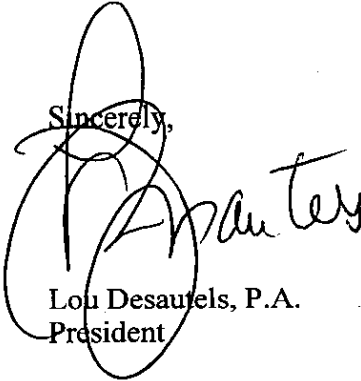
To Whom It May Concern:

We are writing this letter to confirm that we had not received the 2 previous notifications to file our corporate annual reports. We have reviewed our files and cannot find any correspondence previously mentioned. We cannot explain how we would have received this final notice without receiving the previous notices. Rest assured that we would not have allowed our corporation to get to this point had we received the notices. We ask that you please take this under consideration when considering our reinstatement.

We are also requesting a change of mailing address on the application for reinstatement to eliminate the possibility of this happening again.

Again, we ask your indulgence in this matter.

Sincerely,



Lou Desautels, P.A.
President