

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 10 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000000000 **P99000053771**

1. Entity Name
Law Offices of Richard A. Ryles, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2620 Australian Ave. Suite, Apt. #, etc. Suite 109		3. Mailing Address 2620 Australian Ave. Suite, Apt. #, etc. Suite 109	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33407	Country U.S.A.	Zip 33407	Country U.S.A.

REINSTATEMENT 01-02
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0930224		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 00000000 0000000000		
	7. Name and Address of Current Registered Agent		
	Name Ryles, Richard A. Street Address (P.O. Box Number is Not Acceptable) 2620 Australian Avenue, Suite 109 City West Palm Beach FL Zip Code 33407		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

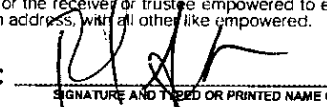
SIGNATURE  Richard A. Ryles, Registered Agent 5/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 00000000 0000000000
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11. OFFICERS AND DIRECTORS			
NAME Ryles, Richard A. STREET ADDRESS 813 South Mangonia Circle CITY-STATE-ZIP West Palm Beach, FL 33401	NAME 300005575403 -05/21/02-01001-023 ***908.75 ***908.75		
NAME	NAME		
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/1/02 (561) 804-9361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (1-9-01)

as 5/12/02