PLEASE READ	ALL INSTRUCT	TIONS BEFORE C	COMPLETING THIS FORM.
APPLICATION FOR PEINSTATEMENT	FLORIDA DEPA	RTMENT OF SMITE 1. Do the production of State	1962
DIVISION OF CORPORATIONS			FILED
DOCUMENT # P99000061925			00 NOV 28 PM 4: 55
Jeanne A. McIntee, P.A.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			
8414 Foxworth Circle 717 East Oak Street Orlando, FL 32819 Kissimmee, FL 34744			
If above addresses are incorrect in any way, line th			DO NOT WRITE IN THIS SPACE
New Principal Office Address, If Applicable	s, if Applicable 3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 7/12/99
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For
City & State	City & State		59-3610930 Not Applicable
Zip Country	Zip	Country	CERTIFICATE OF STATUS DESIRED S8.75 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 3 (Do NOT Use		Street Address of Each Officer and/or Director (Do NOT Use Post Office Box)	City / State / Zip
P,S,D Jeanne A. McIntee 8414 Fo		Foxworth Cirle	Orlando, FL 32819
·			3000034997038 -12/13/0001065028 -****150.00 *****150.00
	-		SP
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent
Jeanne A. McIntee 8414 Foxworth Circle Orlando, FL 32819		Street Address (P.O. Box Number is Not Acceptable)
			State Zip Code
		City Kissimm	nee FL 34744
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 Pagent Registered Agent Registered			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for information on intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 Date Date Dayline Phone #			

= Free ≣:::::

HARRY J. SWART, CPA ANDY J. BAUMRUK, CPA

November 14, 2000

Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: Jeanne A. McIntee, P.A.

To Whom It May Concern:

Attached is a completed Application for Reinstatement for our client, Jeanne A. McIntee, P.A. and their payment of \$150.00. Our client did not receive their Annual Report Form. To ensure that the report is received and filed in a timely manner, we have changed the mailing address of the corporation to our office. We ask that you abate the penalty for the reasons stated above.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Harry J. Swart, CPA

Enclosures