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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 14 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000064858

1. Corporation Name

Noel Evans & Associates, P.A.

2. Principal Office Address

109 N. Brush Street

3. Mailing Office Address

109 N. Brush Street

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Tampa, Florida

City & State

Florida

Zip

33602-4159

Country

USA

Zip

33602-4159

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7/21/1999

5. FEI Number

59-3589758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Noel K. Evans

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

109 N. Brush Street, Suite 400

Suite, Apt. #, Etc.

Suite 400

City

Tampa

State

FL

Zip Code

33602-4159

000005195770--2

04/05/02-01060-008

****450.00 ***450.00

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

REGISTERED AGENT MUST SIGN

Date 3-12-02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Noel K. Evans	109 N. Brush Street #400	Tampa, Florida 33602
		351.25-AR	
		10.00-ARARTS	
		88.75-ARSLPP	TS
			00-02 UBR

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/02

Daytime Phone #

813
221-1996

CR2E081 (9/01)

NOEL EVANS & ASSOCIATES, P.A.
ATTORNEYS AT LAW

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109 NORTH BRUSH STREET, SUITE 400
TAMPA, FLORIDA 33602
TELEPHONE (813) 221-1996 ♦ FAX (813) 223-2156

March 12, 2002

Reinstatement Department
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Noel Evans & Associates, P.A.

To Whom It May Concern:

On July 21, 1999 Noel Evans & Associates, P.A. was formed through the Secretary of State's office in Tallahassee. The address for the corporation when it was formed was 201 E. Kennedy Blvd.; Suite-1500; Tampa; Florida 33602 which is the address still showing on your records.

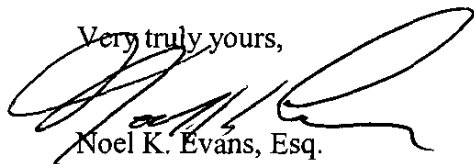
Our office moved on September 1, 1999 to 109 N. Brush Street Suite 400, Tampa, Florida 33602-4159 and as of this date we have never received an annual report form.

It is our request that Noel Evans & Associates, P.A. be reinstated and that the reinstatement fees be waived.

I have enclosed a Corporate Reinstatement form along with our check in the amount of \$458.75 to cover the annual fees and a Certificate of Status.

Thank you for your prompt attention to this matter.

Very truly yours,



Noel K. Evans, Esq.
NKE/mes
enclosure