

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div>01 OCT 15 AM 8:53</div> <div></div>	
DOCUMENT # P99000073749			
1. Corporation Name WILLIAM S. FRAZIER, P.A.			
Principal Place of Business 1919 BLANDING BLVD. SUITE 8 JACKSONVILLE FL 32210		Mailing Address 1919 BLANDING BLVD. SUITE 8 JACKSONVILLE FL 32210	
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 08/13/1999	
		5. FEI Number 59-1387522	
		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FRAZIER, WILLIAM S	2836 YALE AVE	JACKSONVILLE FL 32210
			600004649646--3 -10/23/01--01038--006 ****150.00 ****150.00
8. Name and Address of Current Registered Agent FRAZIER, WILLIAM S 1919 BLANDING BLVD SUITE 8 JACKSONVILLE FL 32210		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="display: flex; justify-content: space-between;"><div>FL</div><div></div></div>	
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 REGISTERED AGENT MUST SIGN Date 10/12/01			
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: 10/12/01 904-384-1411 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E040 (8/01)

Duane C. Romanello, P.A.
Professional Association
Attorneys at law

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October 12, 2001

VIA US MAIL

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

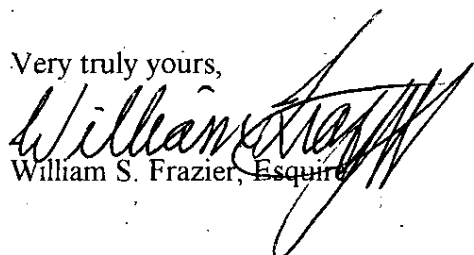
Re: William S. Frazier, P.A.
P99000073749

Dear Sir or Madam:

Please find the enclosed Application for Reinstatement as well as a Certificate of Status. It appears the Certificate of Status issued to my corporation was in error. As I was unaware the annual business report for 2001 was unfilled I hereby request waiver of reinstatement fees. I have enclosed a check for the annual fee in the amount of \$150.00. Please do not hesitate to contact my office at the above address or phone number.

Thank you and I am

Very truly yours,


William S. Frazier, Esquire

WSF:tkd
Enclosures