

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED 00 NOV -1 AM 8:56 SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # P99000093129 1. Corporation Name DOUGLAS GRANT, P.A.

Principal Place of Business 207 BAYFRONT DRIVE BONITA SPRINGS FL 34134 Mailing Address 207 BAYFRONT DRIVE BONITA SPRINGS FL 34134



REINSTATEMENT

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

2. New Principal Office Address, If Applicable SAME 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10/21/1999 5. FEI Number 59-3606603 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for PD GRANT, DOUG and VST GRANT, BONNIE L.

700003473367--8 -11/21/00--01106--006 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent GRANT, DOUG 207 BAYFRONT DRIVE BONITA SPRINGS FL 34134

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. Signature of Registered Agent Date 10/25/00 REGISTERED AGENT MUST SIGN

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: DATE 10/25/00 KE 800 562-0233

CR2E040 (8/00)