

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1-2*



FLORIDA DEPARTMENT OF STATE
98 AR
 Andrew R. Thum
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 30 AM 9:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

DOCUMENT # **S03998**

1. Corporation Name

DAVID TANNER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4167 KIRKALDY DRIVE
 PALM HARBOR FL 34685-1058

4167 KIRKALDY DRIVE
 PALM HARBOR FL 34685-1058



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/01/1990	
City & State		City & State		5. FEI Number	
Zip		Country		59-3028671	
				Applied For	
				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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	TANNER, DAVID	4167 KIRKALDY DRIVE	PALM HARBOR FL 34685

800002703898--5
 -12/04/98-01111-008
 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

TANNER, DAVID
 4167 KIRKALDY DRIVE
 PALM HARBOR FL 34685-1058

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
	FL

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

Signature
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date *11/23/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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*
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *11/23/98*
 Daytime Phone # *(727) 942-9224*

CR2E040 (6/98)

MEMO

Date: 11/25/98

From: David Tanner

To: Division of Corporations

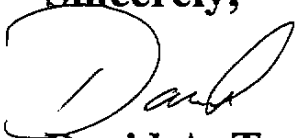
Subject: Reinstatement of Corporation

Per my recent phone conversation with your Office, I am enclosing a check for \$150.00 with my application.

This check is a replacement for the check # 3283, dated 4/13/93 that was sent with my application. Apparently your office did not receive this package.

Please accept my application and renew my corporation back to active status.

Thank you for your help on this matter.

Sincerely,

David A. Tanner