

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

10/2

DOCUMENT # S10137

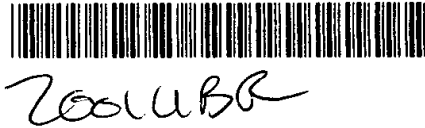
1. Corporation Name
 LORI TYLER, P.A.

FILED
 01 OCT 22 AM 8:47
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

105 S RIVERSIDE DR SUITE 154 INDIALANTIC FL 32903

105 S RIVERSIDE DR SUITE 154 INDIALANTIC FL 32903



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. 105 S. RIVERSIDE DR Suite 100
 City & State INDIALANTIC, FL
 Zip 32903 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 105 S. RIVERSIDE DR. SUITE 100
 City & State INDIALANTIC, FL
 Zip 32903 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/30/1990

5. FEI Number 59-3043481

6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TYLER, LORI	2622 REED AVE	MELBOURNE FL

000004687720--5
 -11/19/01-01073-004
 ****150.00 ****150.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent

JACOBY, DAVID H. ESQ
 5205 BABCOCK ST NE
 STE 6
 PALM BAY FL 32905

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 _____ **SIGNATURE REQUIRED** _____ Date _____
 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: *[Handwritten Signature]* _____ **SIGNATURE REQUIRED** _____ 10/15/01 _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

Zael

MICHAEL S. LAWLEY, M TAX, CPA

Florida Department of State
Division of Corporations
Att: Shawn Toner
P.O. Box 6327
Tallahassee, FL 32314

October 15, 2001

RE: Lori Tyler, P.A.
S10137

Dear Shawn,

Enclosed please find the application for reinstatement for the above-mentioned client. The reason my client did not file the 2001 Uniform Business Report until now is because it was sent to an old address and never forwarded to the new address. This was not discovered until recently when the current occupants notify my client that they had received some mail that appeared to be important. This was a one-time occurrence; the annual reports have always been paid on a timely basis. This is the first time that this has ever happened. They have been filing these reports since 1990.

We feel this was not intentional and ask that you please waive the penalty of \$600.00.

Thank you in advance for your assistance. Should you have any questions please do not hesitate to call.

Sincerely,

Michael S. Lawley, CPA
Michael S. Lawley