

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 APR 30 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 580357

1. Corporation Name

PATRICK GRIBBON, P.A.

2. Principal Office Address

7700 N. KENDALL DRIVE

Suite, Apt. #, etc.

505

City & State

MIAMI

Zip

33156

Country

USA

3. Mailing Office Address

7700 N. KENDALL DRIVE

Suite, Apt. #, etc.

505

City & State

MIAMI FL

Zip

33156

Country

USA

400005501064--5

-05/09/02--01058--016

****450.00 ****450.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

1991

5. FEI Number

65-0285636

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

PATRICK GRIBBON

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

7700 N. KENDALL DRIVE #505

Suite, Apt. #, Etc.

Suite # 505

City

MIAMI FL 33156

State
FL

Zip Code
33156

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

Patrick Gribbon

REGISTERED AGENT MUST SIGN

Date

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.V.P.T.	PATRICK GRIBBON	7700 NORTH KENDALL DRIVE SUITE 505	MIAMI, FLORIDA

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:

Patrick Gribbon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

305-279-6622

Daytime Phone #

CR2E081 (9/01)

Patrick Gribbon P.A.

CERTIFIED PUBLIC ACCOUNTANT

7700 NORTH KENDALL DRIVE • SUITE 505 • MIAMI, FL 33156
TELEPHONE (305) 279-6622 • FAX (305) 274-1322

Florida Department of State
Division of Corporations.
PO Box 6327
Tallahassee, Florida 32314

April 23, 2002

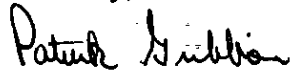
Re: Reinstatement of Patrick Gribbon, P.A.

I called the Florida Department of State today when I realized I had not received my Annual Corporation Uniform Business Report. They said I had to send in \$450 and a statement that I had not received the report.

I have not received the report and enclosed is the appropriate check for reinstatement.

Please call if you have any questions.

Sincerely,



Patrick Gribbon