PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILEU FISION OF CORPORATIONS

| DOCUMENT # S93105 1. Corporation Name R. GREGORY COLVIN, P.A. | | | | | 99 OCT 25 PM 5: 24 | | | |
|--|---|---|--|---|---|---|---------------------------|--|
| Principal Place of Business 60S E ROBINSON ST STE 729 ORLANDO FL 32801 US | | _ | Malling Address ,** 605 E ROBINSON ST | | | | | |
| | | STE 720 ORLANDO FL 32801 US | | | REINSTATEMENT 99 | | | |
| If above addresses are incorrect in any way, line through Inc. 2. New Principal Office Address, if Applicable 3. N | | | n incorrect information and enter correction below. New Mailing Office Address, If Applicable | | | Date Incorporated or Qualified To Do Rusiness In Florida | | |
| Suite, Apr | t. #, etc. | Suite, Apt. #, etc. | | | 11/08/1991 5. FEI Number Applied For | | | |
| City & Sta | sla | | City & State | | | 59-3091371 Not Applicable 6. | | |
| Zipi πanagaaa | Country | Zip | | Country | CERTIFICAT | TIFICATE OF STATUS DESIRED 158.75 Additional Fee required for a Certificate of Status | | |
| 7. Namě Title(s) 1 | Name of Officers and/or Director (Name of Officers and/or Directors) 2 | | orlida nonprofit corporations must list at least 3 direct Street Address of Each Officer and/or Director | | | City / State / Zip | | |
| D. | COLVIN, R. GREGORY | | 605 E ROBINSON ST STE 720 | | ORLANDO FL 32801 | | | |
| | | | | | R). | 0000303: -11702/99- ***1500.00 |) ****750.00 | |
| 8. Name and Address of Current Registered Agen | | | | Name | Name and Address of New Registered Agent Name | | | |
| COLVIN, R. GREGORY 940 HIGHLAND ST | | | | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. | | na petan kaga | | |
| ORLANDO FL 32803 | | | | City | | State Zip Code | | |
| 10. I, bei Signature Registere | d Agent | REGISTERED AC | | پيمسر، عبدور وسحار ۾ استدار و | bligations of Sect | Date 10-13 | 3-99 | |
| this re owed | fy that I am an officer or director or the re- instatement application, the reason for di by the corporation have been paid and the application is true and accurate, and my | ssolution has beer to names of individ | n eliminated, duals listed o | the corporate name satisfies in this form do not qualify for | the requirements an exemption un | of section 607.0401 or 617.0 | 0401, F.S., that all fees | |
| t/CatA | 1023: A Supremental | | รากย์เหติ ดีเรีย | t of the theretoe | 10-1 | 3-90 (X) | 5.436.1808 | |