


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

123

<b>CORPORATION</b> 95-2000 LIBR		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> V36401			
<b>1. Corporation Name</b> Children's Developmental Center P.A.			
<b>2. Principal Office Address</b> 600 South Orlando Ave Suite, Apt. #, etc. 102 City & State Maitland Florida Zip 32751 Country USA		<b>3. Mailing Office Address</b> SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME Country SAME	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> 593128118	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Jonathan W. Shirley	
Street Address (P.O. Box Number is Not Acceptable) 171 Circle Drive	
Suite, Apt. #, Etc.	
City Maitland	State FL
Zip Code 32751	

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<b>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.</b>	
Signature of Registered Agent <i>[Signature]</i>	Date 9/1/2000
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D OWNER	FRANK A. Lopez, M.D.	600 S. Orlando Ave Suite 102 3916 Lake Mirage Blvd	Maitland FL 32751 (Off) Orlando FL 32817 (Home)

<b>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.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i> FRANK A. Lopez, M.D.		Date 9/21/2000	Daytime Phone # 4076444844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (9/99)

283

LAW OFFICE OF  
**JONATHAN W. SHIRLEY, P.A.**  
ATTORNEY AND COUNSELOR AT LAW  
171 CIRCLE DRIVE  
MAITLAND, FLORIDA 32751

JONATHAN W. SHIRLEY

BOARD CERTIFIED TAX LAWYER

ADMITTED IN FLORIDA,  
WEST VIRGINIA &  
VIRGINIA

TELEPHONE (407) 629-8333  
FACSIMILE (407) 629-8252

September 1, 2000

Florida Department of State  
Corporate Reinstatement  
Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Children's Developmental Center, P. A.

Dear Sirs:

Enclosed is an application for Corporate Reinstatement for my client, Children's Developmental Center, P. A. Your records indicate that it was administratively resolved in 1995. I have discussed this matter with your representatives, and I explained the circumstances under which the dissolution occurred. Your representative advised that I include this application and check in the amount of One Thousand Fifteen Dollars (\$1,015.00), which is enclosed with an explanation for the reason that the appropriate filings with your department were not made.

The client retained a local attorney to form the corporation. The local attorney was designated as registered agent. His name, as indicated in your records, is Ronald Howell. The client did not receive any annual correspondence pertaining to the annual franchise tax. Neither the annual package from the Department of State, nor any other correspondence was received by the client. We have made attempts to contact Mr. Howell, but we understand that he is no longer located at the address indicated in the corporate records. We have examined the Florida Bar Journal to determine his location and found a Longwood address for an attorney under the name of "Ronald Howell," but that telephone number was disconnected. We contacted directory assistance, and directory assistance has no listing for an attorney named Ronald Howell in Orlando, Longwood, or the metropolitan area. Based on the above, the taxpayer's failure to complete the annual report for the past five (5) years has come about because the taxpayer did not receive the annual report and was unaware of that obligation. Accordingly, we ask that the penalties for failure to file the annual report be abated.

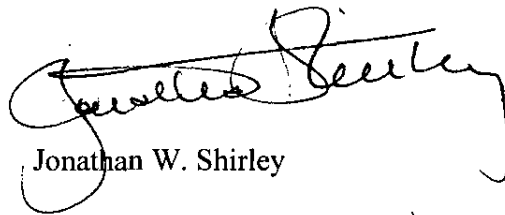
Finally, please note section 7 of the Reinstatement includes the address of the undersigned who will now serve as the registered agent.

Florida Department of State  
September 1, 2000  
Page - 2 -

3053

Thank you for your consideration. We hope that you will grant the request of abatement of penalties.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jonathan W. Shirley". The signature is written in dark ink and is positioned above the printed name.

Jonathan W. Shirley

JWS/lp  
Enclosure  
cc: Frank A. Lopez, M. D.