

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED AND FILED
96 DEC 30 PM 12: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V57695**

1. Corporation Name

ANDREW L. GRAHAM P.A.

Principal Place of Business

Mailing Address

442 W. KENNEDY BLVD.
STE #200
TAMPA FL 33606

442 W. KENNEDY BLVD.
STE #200
TAMPA FL 33606

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

~~112 S. Magnolia~~

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

08/05/1992

Suite, Apt. #, etc.

5. FEI Number

59-3139408

Applied For

Not Applicable

City & State

Tampa FL

City & State

Zip

33606

Country

USA

Zip

Country

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	GRAHAM, ANDREW L	442 W. KENNEDY BLVD., SUITE 200 324 S. Hyde Park Ave Ste 375 112 S. Magnolia	TAMPA FL 33606
			300002049093--1 -01/07/97-01144-008 ***575.00 ***575.00
			REINSTATEMENT 1995-96 12/30/96

8. Name and Address of Current Registered Agent

1808
GRAHAM, ANDREW L
245 W HILLS AVE
TAMPA FL 33608

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Andrew L. Graham

Date

5/13/96

Daytime Phone #

813 253-2882

CPRE040 (6/95)