


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>159469</u>		<b>FILED</b>  97 SEP -5 AM 8:52  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Corporation Name</b> <u>Geraldine B. Nobles, P.A.</u>			
<b>Principal Place of Business</b> <u>241 N. Lee St.</u> <u>LaBelle, FL 33935</u>		<b>Mailing Address</b> <u>P.O. Box 1900</u> <u>LaBelle, FL 33975</u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
<b>2. New Principal Office Address, If Applicable</b>		<b>3. New Mailing Office Address, If Applicable</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>8-21-92</u>		<b>5. FEI Number</b> <u>65-0413003</u>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director</b> (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
PVST	Geraldine B. Nobles	241 N. Lee St.	LaBelle, FL 33935
			700002289067--0 -09/10/97--01050--009 ***1410.00 ***1410.00
REINSTATEMENT <u>93-27</u>			
SC 9-9-97			
<b>8. Name and Address of Current Registered Agent</b>		<b>9. Name and Address of New Registered Agent</b>	
<u>Geraldine B. Nobles. ↑</u>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <u>FL</u> Zip Code
<b>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.</b>			
Signature of Registered Agent <u>Geraldine B. Nobles</u>		Date <u>9/3/97</u>	
REGISTERED AGENT MUST SIGN			
<b>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
<b>12. 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> <u>Geraldine B. Nobles</u>		<u>Geraldine B. Nobles</u> <u>9/3/97</u> <u>941-675-6699</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E040 (12/96)