PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -6 AM 11:06

DOCUMENT # **J98696**

1. Corporation Name

ARMISTEAD W. ELLIS, JR., P.A.

Principal Place of Business	Mailing Address
319 N. RIDGEWOOD AVE. DAYTONA BEACH FL 32114 US	P.O. BOX 127 DAYTONA BEACH FL 32115 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below. REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
	1339 BEVILLE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	DAYTONA BEACH FL
Zip / Country	32119 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/1987

5. FEI Number: 59-2856364 ☐ Applied For ☐ Not Applicable

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ELLIS, ARMISTEAD W	319 N. RIDGEWOOD AVENUE	DAYTONA BEACH FL

000004726400--7
-12/14/01--01035--019
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ELLIS, ARMISTEAD W. JR
319 NORTH RIDGEWOOD AVE
DAYTONA BEACH FL 32114

9. Name and Address of New Registered Agent

Name: Melody H Adair
Street Address (P.O. Box Number is Not Acceptable): 1339 Beville Rd
Suite, Apt. #, Etc.:
City: Daytona Beach | State: FL | Zip Code: 32119

CR2E040 (8/01)

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: Melody H. Adair Date: 11-14-01
REGISTERED AGENT MUST SIGN

11. 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: [signature] 12/4/01 386-255-2433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #