PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

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FILED
99 OCT 25 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M81956

1. Corporation Name

NORMAN C. CUMMINS, P.A.

Principal Place of Business	Mailing Address
1009 N. 14TH STREET P.O. BOX 491656 LEESBURG FL 34749-8656	1009 N. 14TH STREET P.O. BOX 491656 LEESBURG FL 34749-8656

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/19/1988

5. FEI Number: 59-2892266 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DST	CUMMINS, NORMAN C.	1009 N. 14TH STREET	LEESBURG FL

600003034678--5
-11/04/99--01033--011
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CUMMINS, NORMAN C. 1009 N. 14TH STREET LEESBURG FL 32749	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/99)

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 X _____ Date Oct 21, 1999
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.

KE

SIGNATURE: X _____ Oct 21, 1999 352 787-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066366 AF

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NORMAN C. CUMMINS, P.A.
ATTORNEY AT LAW

P.O. Box 491656
Leesburg, Florida 34749-1656
352/787-5411 PHONE
352/365-1917 FAX

450 E. Hwy. 50, Suite 6
Clermont, Florida 34711
352/394-8550 PHONE
352/394-8216 FAX

October 20, 1999

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

RE: NORMAN C. CUMMINS, P.A.

TO WHOM IT MAY CONCERN:

Per my telephone conference with your Reinstatement Division on Monday, October 18, 1999, enclosed are the following items you requested:

1) Application for Reinstatement;

2) Check in the amount of $150.00.

As I advised, our office never received the annual report for this year. As we discussed, and as your records indicate, the corporation has never been dissolved due to an annual report not being filed. Therefore, it is my understanding from our telephone conversation, that the reinstatement fee of $600.00 will be waived.

Please forward written verification that the corporation has been reinstated.

Thank you for your assistance in this matter.

Very truly yours,

Terry L. Elwood

Terry L. Elwood
Legal Assistant

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enclosures