PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07-07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 17 PM 2:44

DOCUMENT # P01000020183

1. Corporation Name
NANCY LAPIENE, PA

800021087048
06/23/03--01109--007 **308.75

2. Principal Office Address	**3.** Mailing Office Address
601 S. Ocean Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL	City & State
Zip: 33019 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NANCY LAPIENE

Street Address (P.O. Box Number is Not Acceptable): 601 S. Ocean Drive

Suite, Apt. #, Etc.:

City: Hollywood State: FL Zip Code: 33019

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.

Signature of Registered Agent _____ Date 6/4/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	NANCY LAPIENE	601 S. Ocean Drive Hollywood, FL 33019	

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.

SIGNATURE: _____ 6/4/03 954-922-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 6/17

Attachment #P0100020183

Nancy Lapierre, PA
601 S. Ocean Drive
Hollywood, FL 33019
954-922-9100

June 10, 2003

Dear Madam or Sir:

Please note that I did not receive a notice. Please reinstate my P.A. Enclosed is a check for $308.75.

Thank you

Nancy Lapierre
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