

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

98 JUN -3 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S27766

1. Corporation Name

THE O'RIORDEN LAW FIRM, P.A.

Principal Place of Business

Mailing Address

1819 MAIN ST.  
SUITE 700  
SARASOTA FL 34236-6769  
US

P.O. BOX 2019  
SARASOTA FL 34236-6769  
US

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

2. New Principal Office Address, If Applicable

3942 N. Tamiami Trail  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/28/1991

5. FEI Number

59-3045790

Applied For

Not Applicable

City & State

Sarasota, FL

City & State

Zip

34234

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	O'RIORDEN, JOHN J.	4521 BAYSHORE RD	SARASOTA FL
<del>ST</del>	<del>RANDAL C. DUNKLE</del>	<del>1644 HAWTHORNE ST</del>	<del>SARASOTA FL</del>
<del>VP</del>	<del>INGRAM, PAUL N.</del>	<del>3423 PINE VALLEY DR</del>	<del>SARASOTA FL</del>
			600002548126--2 -06/04/98--01093--018 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

O'RIORDEN, JOHN J.  
4521 BAYSHORE ROAD  
SARASOTA FL 34234

9. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_ State FL Zip Code \_\_\_\_\_

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

*[Handwritten Signature]*

Date

4/17/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/98

CR2540 (6/97)