

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUNE 11 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000100372

1. Corporation Name

GERALD D. SHOTTS, JR., P.A.

2. Principal Office Address

8515 140th St. N.

Suite, Apt. #, etc.

City & State

Seminole, FL

Zip

33776

Country

3. Mailing Office Address

8515 140th St. N.

Suite, Apt. #, etc.

City & State

Seminole, FL

Zip

33776

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3607233

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

GERALD D. SHOTTS, JR.

400004430834-0

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

8515 140th St. N.

06/19/01 01115 003

****300.00 ****300.00

Suite, Apt. #, Etc.

City

Seminole FL 33776

State

FL

Zip Code

33776

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

REGISTERED AGENT MUST SIGN

Date 5-6-01

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
PVSr	Shotts, Gerald D., JR.	8515 140th St. N.	Seminole FL 33776
D	Shotts, Gerald D., JR.	8515 140th St. N.	Seminole FL 33776

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD D. SHOTTS, JR., P.A.

Date

Daytime Phone #

5-6-01 (727) 397-7256

CR2E081 (9/00)