

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 26 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000098125

1. Corporation Name

George M. Stark, P.A.

2. Principal Office Address

100 South Ashley Drive

Suite, Apt. #, etc.

Suite 800

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Office Address

100 South Ashley Drive

Suite, Apt. #, etc.

Suite 800

City & State

Tampa, FL

Zip

33602

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-16-00

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200009222502
11/26/02--01035--016 **300.00

7. Name and Address of Current Registered Agent

Name

George M. Stark

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

100 South Ashley Drive

Suite, Apt. #, Etc.

Suite 800

City

Tampa

State

FL

Zip Code

33602

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 11-22-02

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
Pres	George M. Stark	100 South Ashley Drive	Tampa, FL 33602

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-22-02 (813) 221-6889

CR2E081 (9/01)

GEORGE M. STARK, P.A.
ATTORNEY AT LAW

PERSONAL INJURY
TRIAL PRACTICE

SUITE 800
FIRST UNION CENTER
100 S. ASHLEY DRIVE
TAMPA, FLORIDA 33602

TELEPHONE: (813) 221-6889
FAX: (813) 223-3835

November 22, 2002

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Application for reinstatement and waiver of penalties and fees

To Whom It May Concern:

The undersigned acting in corporate capacity does hereby request reinstatement.

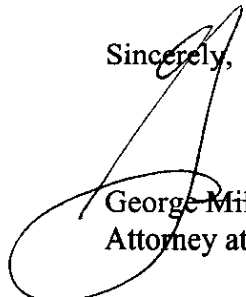
In support of the attached Application for Reinstatement I am enclosing a check in the amount of \$300.00.

The 2001 annual report form was not received apparently due to a change of location within the office building and hence, the report was inadvertently not filed.

I am requesting that all fees and penalties be waived.

Thank you for your attention to this matter.

Sincerely,



George Miles Stark
Attorney at Law