

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1

~~CORPORATION~~
~~REINSTATEMENT~~



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

00 JUN 26 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 521218

1. Corporation Name

James D. Eckert, P.A.

W00000013658

2. Principal Office Address

200 Central Avenue

Suite, Apt. #, etc.

Suite 2200

City & State

St. Petersburg, FL

Zip

33701

Country

Pinellas

3. Mailing Office Address

200 Central Avenue

Suite, Apt. #, etc.

Suite 2200

City & State

St. Petersburg

Zip

33701

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1977-

5. FEI Number

59-1731998

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

James D. Eckert

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

200 Central Avenue

Suite, Apt. #, Etc.

Suite 2200

City

St. Petersburg,

State

FL

Zip Code

33701

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

James Eckert

Date

6/22/00

REGISTERED AGENT MUST SIGN

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
PD	James D. Eckert	200 Central Avenue Suite 2200	St. Petersburg, FL 33701

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:

James Eckert

President

Date

6/22/00

727-895-6505

Daytime Phone #

CR2E081 9/99

KE