

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
FILED
01 OCT 11 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600794

1. Corporation Name

CARLTON FIELDS, P.A.

2. Principal Office Address

One Harbour Place

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip
33602

Country
USA

3. Mailing Office Address

P. O. Box 3239

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip
33601-3939

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/17/69

5. FEI Number

59-1233896

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

Thomas A. Snow

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

777 S. Harbour Island Blvd.

Suite, Apt. #, Etc.

Suite 500

City

Tampa

State
FL

Zip Code
33602

REINSTATEMENT 2001

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 Thomas A. Snow

Date 10/10/01

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
P/D	Snow, Thomas A.	One Harbour Place 777 S. Harbour Island Blvd.	Tampa, FL 33602-5730
C/D	Walbolt, Sylvia H.	One Progress Plaza 200 Central Ave., Suite 2300	St. Petersburg, FL 33701-4352
S/D	Burke, David P.	One Harbour Place 777 S. Harbour Island Blvd.	Tampa, FL 33602-5730
T	Leonard, Hywel	One Harbour Place 777 S. Harbour Island Blvd.	Tampa, FL 33602-5730
AS/D	Kinsolving, Ruth B.	One Harbour Place 777 S. Harbour Island Blvd.	Tampa, FL 33602-5730
AT	Ciotti, Robert L.	One Harbour Place 777 S. Harbour Island Blvd.	Tampa, FL 33602-5730

10. I certify that I am an officer or director of 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:

Thomas A. Snow

10/10/01 (813) 223-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #