

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 18 PM 5:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 603260

1. Corporation Name

WHITLEY S. WARD P. A.

Principal Place of Business

Mailing Address

THE 900 BLDG., SUITE 304  
900 SIXTH AVE. S.  
NAPLES FL 34102-745  
US

THE 900 BLDG., SUITE 304  
900 SIXTH AVE. S.  
NAPLES FL 33940



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/31/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1378939

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

34102

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	4 City / State / Zip
PSD	WARD, WHITLEY S	900 SIXTH AVE SOUTH	NAPLES, FL 00000
			100003455281--9 -11/07/00--01069--026 ***750.00 ***750.00
			REINSTATEMENT DU TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARD, WHITLEY S  
THE 900 BLDG., SUITE 304  
900 SIXTH AVE., S.  
NAPLES FL 33940

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 Whitley S. Ward  
REGISTERED AGENT MUST SIGN

Date Oct 16, 2000

11. 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.

Whitley S. Ward

SIGNATURE: Whitley S. Ward  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 16, 2000 941-6494251  
Date Daytime Phone #

CR2E040 (8/00)