

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Governor Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 609249

1. Corporation Name

EDMUND J. BODINE, JR., P.A.

Principal Place of Business

8606 W. FRANKLIN RD.
 PLANT CITY FL 33565

Mailing Address

220 CENTRAL PARK SOUTH
 SUITE 3-H
 NEW YORK NY 10019

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

02/08/1979

Suite, Apt. #, etc.

4066 Jewfish Dr.

Suite, Apt. #, etc.

4066 Jewfish Dr.

City & State

Spring Hill, FL

City & State

Spring Hill, FL

Zip

34607

Country

USA

Zip

34607

Country

USA

5. FEI Number

59-1890249

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	BODINE, EDMUND J. JR.	220 CENTRAL PARK SOUTH SUITE 3-H 4066 Jewfish Dr.	NEW YORK NY 10010 Spring Hill, FL 34607
			300003496703--1 -12/12/00--01034--013 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BODINE, E. J.
 8606 W. FRANKLIN RD.
 PLANT CITY FL 33566

Same

Name

Edmund Bodine, Jr.

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

4066 Jewfish Dr.

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34607

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

SIGNATURE REQUIRED

Date Nov. 16, 2000

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 16, 2000 (917) 549-4870

Date

Daytime Phone #

CR2E040 (8/00)

Edmund J. Bodine, Jr., P. A.

2062
609249
4066 Jewfish Drive
Spring Hill, Florida 34607

November 16, 2000

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern,


I called your office yesterday and discussed with them the problem I had with respect to non-filing of the annual corporate report and fees. They advised me to send this letter, and explanation of the facts, along with the check for \$150.00 for the 2000 corporate report filing.

In January 2000, I sent a change of address to your office (copy enclosed) for my three Florida corporations. I never received the reporting documents for 2000. Within this past week from New York, I was forwarded the dissolution notice.

I have always paid my bills for this corporation and am respectfully requesting that the penalty fees be waived and the corporation be restored.

Thank you for your kind consideration of my request.

Sincerely,


Edmund J. Bodine, Jr.
President