

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 APR -9 PH 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800015561928

04/09/03--01073--004 **1200.00

DOCUMENT # 639240

1. Corporation Name

XAVIER J. FERNANDEZ, P.A.

Principal Place of Business

Mailing Address

~~1373 SHADOW LANE~~

~~1373 SHADOW LANE~~

PO BOX 2039

~~FT MYERS FL 33901~~

~~FT MYERS FL 33901~~

FT MYERS FL

US 2300 CORAL POINT DR US

33902

CAPE CORAL FL 33990

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

2300 CORAL POINT DR

PO BOX 2039

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State
FT MYERS FL

Zip
33990

Country
US

Zip
33902

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1979

5. FEI Number

59-1948275

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	FERNANDEZ, XAVIER J	1373 SHADOW LANE	FT MYERS FL 33901
		2300 CORAL POINT DR	CAPE CORAL FL
		CAPE CORAL FL	33990

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, XAVIER J

~~1373 SHADOW LANE~~

~~FT MYERS FL 33901~~

Name

XAVIER J FERNANDEZ

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

2300 CORAL POINT DR

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33990

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

REGISTERED AGENT MUST SIGN

Date

4-5-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-5-03

Daytime Phone #

CR2ED40 (8/00)