

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 APR -4 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 696967

1. Corporation Name

David A. Simpson, P.A.

2. Principal Office Address - No P.O. Box #

1048 Mar Walt Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1048 Mar Walt Drive

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32547

Country

USA

City & State

Fort Walton Beach, FL

Zip

32547

Country

USA

700115995147
01/24/08--01029--001 **1350.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 07/31/1981

5. FEI Number
592145691

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

Sara A. Simpson

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

9 Meigs Drive

Suite, Apt. #, Etc.

City

Shalimar

State

FL

Zip Code

32579

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Sara A. Simpson

Date January 16, 2008

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
P	David A. Simpson	1048 Mar Walt Drive	Ft. Walton Bch, FL 32547

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 contained in Chapter 119, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/2007 850-862-1134

Date

Daytime Phone #