

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 NOV 29 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H59200**

1. Corporation Name

CHARLES CLAY PRICE & ASSOCIATES, P.A.

Principal Place of Business

1823 NORTH U.S. HIGHWAY 1
SUITE B-4
SEBASTIAN FL 32958-3879

Mailing Address

1823 NORTH U.S. HIGHWAY 1
SUITE B-4
SEBASTIAN FL 32958-3879

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

05/29/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2532548

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDS	PRICE, CHARLES CLAY	12430 ROSELAND ROAD.	SEBASTIAN FL
			400002019154--6 -12/04/96--01041--010 ***375.00 ****375.00

REINSTATEMENT

1996
A. Alan
11-29-96

8. Name and Address of Current Registered Agent

PRICE, CHARLES CLAY
1823 N. US HIGHWAY 1
SUITE B-4
SEBASTIAN FL

9. Name and Address of New Registered Agent

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

Charles Clay Price
REGISTERED AGENT MUST SIGN

Date 11/25/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Charles Clay Price
CHARLES CLAY PRICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/96

561-589-8981

Date

Daytime Phone #