

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # J32270

1. Corporation Name

JOHN E. PEARSON, P.A.

Principal Place of Business

Mailing Address

201 S BISCAYNE BLVD
SUITE 2500
MIAMI FL 33131-4332
US

201 S BISCAYNE BLVD
SUITE 2500
MIAMI FL 33131-4332
US

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

Suite, Apt. #, etc.

161 Island Drive

Key Biscayne, FL

Zip 33149 Country US

Suite, Apt. #, etc.

161 Island Drive

Key Biscayne, FL

Zip 33149 Country US

FILED
00 OCT 19 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1986

5. FEI Number

59-2749136

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
PS	PEARSON, JOHN E.	201 S BISCAYNE BLVD. SUITE 2500	MIAMI FL
AS	PEARSON, LAURA J.	201 S BISCAYNE BLVD, SUITE 2500	MIAMI FL

8000003454978-4
-11/07/00--01061--012
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEARSON, JOHN E.
201 S BISCAYNE BLVD
SUITE 2500
MIAMI FL 33131

Name John E Pearson
Street Address (P.O. Box Number is Not Acceptable)
161 Island Drive
Suite, Apt. #, Etc.
Key
City Key Biscayne
State FL Zip Code 33149

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

REGISTERED AGENT MUST SIGN

Date 10/16/00

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.

KE

SIGNATURE:

SIGNATURE REQUIRED
Signature and Typed or Printed Name of Signing Officer or Director
John E. Pearson
Date 10/16/00
Daytime Phone # 305 361 7898