

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

Suite, Apt. #, etc.

161 Island Drive

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

Zip

33149

Country

US

Zip

33149

Country

US

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	4 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

800003454978-4
 -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

John E Pearson
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:

John E Pearson
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John E. Pearson
 President 10/16/00 305 361 7898
 Date Daytime Phone #

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



REINSTATEMENT

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