

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J59101

1. Corporation Name

TROY, YESLOW & KOEPEL, P.A.

Principal Place of Business

1617 HENDRY ST., SUITE 205  
P.O. BOX 9226  
FT. MYERS FL 33902-6226

Mailing Address

1617 HENDRY ST., SUITE 205  
P.O. BOX 9226  
FT. MYERS FL 33902-6226

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 7:09



REINSTATEMENT

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

03/01/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2772059

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	TROY, JEFFREY D.	15152 FIDDLESTICKS BLVD	FT. MYERS FL
DVTS	YESLOW, MARK B.	399 SNOW DRIVE	FT. MYERS FL

500004668985--2  
-11/06/01--01056--004  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TROY, JEFFREY D.  
1617 HENDRY ST., SUITE 205  
FT. MYERS FL 33901

Name Mark B. Yeslow  
Street Address (P.O. Box Number is Not Acceptable)  
1617 Hendry St.  
Suite, Apt. #, Etc.  
Suite 205  
City FT. MYERS State FL Zip Code 33901

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 10/18/01

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., the 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

Daytime Phone #

10/18/01 (941) 337-4343