


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 362727			
1. Corporation Name W.L. RICHARD, P.A.			
2. Principal Office Address 6518 E. Town + River Suite, Apt. #, etc.		3. Mailing Office Address 6518 E. Town + River Dr Suite, Apt. #, etc.	
City & State Ft. MYERS, FL		City & State Ft. MYERS, FL	
Zip 33919	Country USA	Zip 33919	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 3/11/1987		5. FEI Number 592786059	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name William L. Richard			
Street Address (P.O. Box Number is Not Acceptable) 6518 E. Town + River Dr			
Suite, Apt. #, Etc.			
City Fort MYERS		State FL	Zip Code 33919
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 [Signature]		Date 4.29.04	
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
DP	William L. Richard	6518 E. Town + River	Ft. MYERS, FL 33919
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 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]		4.29.04 239-433-2818	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED  
04 MAY -6 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-04  
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