

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

99 FEB 25 PM 12:06

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TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

David R. Ellis, P.A.

Num **J 66206**

Principal Place of Business

**500 E. Kennedy Blvd
Suite 100
Tampa, FL 33602**

Mailing Address

**P.O. Box 3366
Tampa, FL 33602**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2921 Hawthorne Road P.O. Box 2707

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Tampa, Florida

Zip

33611

Country

USA

City & State

Tampa, Florida

Zip

33601-2707

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4-2-87

5. FEI Number

59-2814862

Applied For

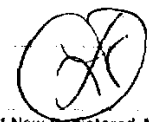
Not Applicable

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	DAVID R. ELLIS	500 E. Kennedy Blvd #100	Tampa / FL /
	P/s/t/d David R. Ellis	2921 Hawthorne Road	Tampa, FL 33611

**30000027925.03--2
-03/02/99--01076--012
***1808.75 ***1808.75**



8. Name and Address of Current Registered Agent

**David R. Ellis
500 E. Kennedy Blvd, Suite 200
Tampa, FL 33602**

9. Name and Address of New Registered Agent

Name **Robert H. Buesing**
Street Address (P.O. Box Number is Not Acceptable)
101 East Kennedy Blvd
Suite, Apt. #, Etc
Suite 2700
City
Tampa
State
FL
Zip Code
33602

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

1-29-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Ellis

1-29-99

Date

813-831-5463

Daytime Phone, #