

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 15 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/12/02--01005--016
****300.00 ****300.00

01-02UBK

DOCUMENT # **K39634**

1. Corporation Name

Mark A. Bednar, P.A.

2. Principal Office Address

11 Zaragoza Street
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 13146
Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32501

Country

USA

Zip

32591

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1988

5. FEI Number

59-2914308

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark A. Bednar

Street Address (P.O. Box Number is Not Acceptable)

11 Zaragoza Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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 *8-12-02*

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
<i>D.</i>	<i>Bednar, Mark A</i>	<i>11 East Zaragoza Street</i>	<i>Pensacola FL 32501</i>

[Signature]

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-02

Date

850-435-1025

Daytime Phone #

CR2E081 (9/01)

2022

MARK A. BEDNAR, P.A.
Attorney at Law

**Federalist House at Plaza Ferdinand
11 East Zaragoza Street
Pensacola, Florida 32501**

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E-Mail Address: Bednarlaw@aol.com

August 2, 2002

To Whom It May Concern:

As per my assistant's conversation with Tyrone this morning, I am writing to ask that all reinstatement fees be waived as I did not receive any notices or any documentation for 2001 or 2002. I went through a transition in staffing and I am thinking this could have been the reason I didn't not receive the notices. Nevertheless, I never wanted to suspend or inactivate my corporation. I am forwarding with this request the \$300.00 fee to get my corporation out of the inactive category.

Thank you for your kind assistance.

Mark A Bednar

Corporation name: Mark A Bednar P. A.
11 East Zaragoza Street
Pensacola, Florida 32501

Mailing address: Mark A. Bednar P. A.
PO Box 13146
Pensacola, Florida 32591-0148

MAB/mf