

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR <sup>97</sup>  
REINSTATEMENT



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

DOCUMENT # K41961

1. Corporation Name

E. PAUL CASEY ASSOCIATES, INC.

FILED

97 JUN -9 PM 12: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% E. PAUL CASEY  
330 SOUTH BEACH ROAD  
HOBE SOUND FL 33455

% E. PAUL CASEY  
330 SOUTH BEACH ROAD  
HOBE SOUND FL 33455



REINSTATEMENT <sup>96-97</sup>

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

10/28/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc. 10 High Street

5. FEI Number

06-1248443

Applied For

City & State

City & State

Boston, MA

Not Applicable

Zip

Country

Zip

02114

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	CASEY, E. PAUL	330 S BEACH RD	HOBE SOUND FL
S	CASEY, E. PAUL	330 S. BEACH ROAD	HOBE SOUND FL
✓	BARTELT, JR., EDWARD J.	10 High Street, Suite 920	Boston, MA 02110

7000002208927-3  
-06/11/97-01078-011  
\*\*\*915.00 \*\*\*915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASEY, E. PAUL  
330 S BEACH RD  
HOBE SOUND FL 33455

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*E. Paul Casey*

REGISTERED AGENT MUST SIGN

Date 4/25/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Edward J. Bartelt Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 1-617-422-0200  
Date Daytime Phone #

CR20040 (7/96)