

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 30 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L63815

1. Corporation Name

JAMES WAYLAND MARKEL, P.A.

2. Principal Office Address

369 N. New York Avenue

Suite, Apt. #, etc.

3rd Floor

City & State

Winter Park, Florida

Zip

32789

Country

Orange

3. Mailing Office Address

P.O. Box 1690

Suite, Apt. #, etc.

City & State

Winter Park, Florida

Zip

32790-1690

Country

Orange

REINSTATEMENT

88-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/04/1990

5. FEI Number

59-3010132

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

Markel, James W.

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

369 N. New York Avenue

Suite, Apt. #, Etc.

Third Floor

City

Winter Park

State

FL

Zip Code

32789

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

REGISTERED AGENT MUST SIGN

Date

10/22/03

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
D/P/S	Markel, James W.	369 N. New York Ave.	Winter Park, FL 32789

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

James W. Markel

10/06/03

407-647-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

211/4