

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # L71438

1. Corporation Name

ANN H. CLARK, P.A.

Principal Place of Business

1 FINANCIAL PLAZA  
STE 2602  
FT LAUDERDALE FL 33394  
US

Mailing Address

1 FINANCIAL PLAZA  
STE 2602  
FT LAUDERDALE FL 33394  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/07/1990

5. FEI Number

65-0195911

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CLARK, ANN H.	2715 N OCEAN BLVD #14C	FT. LAUDERDALE FL

8. Name and Address of Current Registered Agent

DAVELL, WILLIAM C.  
1 FINANCIAL PLAZA  
STE 2602  
FT. LAUDERDALE FL 33394

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*William C. Davell*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/15/01

11. 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:

*Ann H. Clark*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/01

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 23 AM 11:01



CR2ED40 (8/01)

**Ann H. Clark**  
*Certified Luxury Homes Specialist*

October 19, 2001

Department of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

RE: Ann H. Clark, P.A. FEI 65-0195911  
Application for Reinstatement and Cancellation of Reinstatement Penalty Fee

Please see the attached letter from William C. Davell, Attorney and Registered Agent for the subject Corporation. This letter reports that his office has no record of ever receiving the original Corporate Renewal Form.

I respectfully request that the \$600 reinstatement fee be withdrawn due to the fact that I did not receive the renewal notice, as well as my past record of timely annual payments.

As a single family wage earner, this corporation represents my livelihood and the reinstatement fee represents a true hardship on my finances.

In anticipation of your cooperation, I enclose my check for the Annual report fee and the Corporate Supplemental Fee, totaling \$150.

Thank you.

*Ann H. Clark, President*

Arvida Realty Services

1515 SE 17 St. • Fort Lauderdale, Florida 33316 • 954 522-0700 Bus • 954 522-1755 Fax • 800 921-3402 Pager • 954 562-8425 Cell  
a SIJOE company NYSE: JOE