

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000000446

1. Corporation Name

BIGNEY & ORTH, P.A.

Principal Place of Business

Mailing Address

1220 DOUGLAS AVE., SUITE 201
LONGWOOD FL 32779

1220 DOUGLAS AVE., SUITE 201
LONGWOOD FL 32779



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

101 S. Wymore Road

Suite, Apt. #, etc.

#440

City & State

Altamonte Springs Florida

Zip

32714

Country

Seminole

3. New Mailing Office Address, If Applicable

101 S. Wymore Road

Suite, Apt. #, etc.

#440

City & State

Altamonte Springs Florida

Zip

32714

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1999

5. FEI Number

59-3015952

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
PO	BIGNEY, DAVID R	1220 DOUGLAS AVE #201 101 S. Wymore Road #440	LONGWOOD FL 32779 Altamonte Springs FL 32714
PO	ORTH, WILLIAM S	1220 DOUGLAS AVE #201 101 S. Wymore Rd #440	LONGWOOD FL 32779 Altamonte Springs FL 32714

900023764669
10/13/03--01093--017 **150.00

8. Name and Address of Current Registered Agent

BIGNEY, JEANETTE D
925 STETSON STREET
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name Kristie Orth
Street Address (P.O. Box Number is Not Acceptable)
354 Chinole Circle
Suite, Apt. #, Etc.
City Lake Mary
State FL
Zip Code 32746

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-9-03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03
Date

407-772-7876
Daytime Phone #

CR2E040 (7/03)

BIGNEY & ORTH, P.A.

ATTORNEYS & COUNSELORS AT LAW

101 S. WYMORE RD.
SUITE 440
ALTAMONTE SPRINGS, FL 32714
TELEPHONE: 407-772-7876
FACSIMILE: 407-772-0396

DAVID R. BIGNEY
WILLIAM S. ORTH
ELIZARDI CASTRO

20 S. ROSE AVE.
SUITE 6
KISSIMMEE, FL 34741
TELEPHONE: 407-846-6454
FACSIMILE: 407-343-1677

October 9, 2003

To Whom It May Concern:

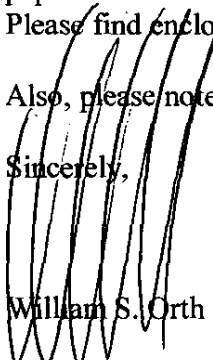
This letter is in regards to the Application for Reinstatement our office received this week.

Unfortunately, we did not receive the prior UBR notices and failed to pay the fee and paperwork on time. We apologize for this oversight on our part.

Please find enclosed the form and a check in the amount of \$150.00 for our fees.

Also, please note our change of address for our business.

Sincerely,


William S. Orth