

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000011106

1. Corporation Name

WARREN SEARS, P.A.

Principal Place of Business

Mailing Address

~~690 N.W. 39TH AVE.~~
~~DEERFIELD BEACH FL 33442~~

~~690 N.W. 39TH AVE.~~
~~DEERFIELD BEACH FL 33442~~

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

2. New Principal Office Address, If Applicable

930 EVE STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

930 EVE STREET

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/2000

5. FEI Number

65-0981171

Applied For

Not Applicable

City & State
DELRAY BEACH, FLORIDA

City & State
DELRAY BEACH, FLORIDA

Zip
33483

Country
USA

Zip
33483

Country
USA

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	SEARS, WARREN	690 N.W. 39TH AVE. 930 EVE STREET	DEERFIELD BEACH FL 33442 DELRAY BEACH, FL. 33483

000008814410
11/05/02--01107--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEARS, WARREN

~~690 N.W. 39TH AVE.~~

~~DEERFIELD BEACH FL 33442~~

Name

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

930 EVE STREET

Suite, Apt. #, Etc.

City
DELRAY BEACH

State
FL

Zip Code
33483

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

Warren Sears
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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:

Warren Sears
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 (561) 883-1330

CR20040 (8/02)

October 29, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Application for Reinstatement
Warren Sears, P.A.

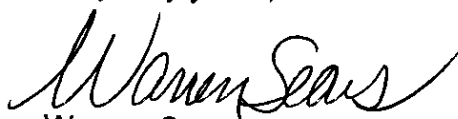
Dear Sir or Madam:

Enclosed please find a completed Application For Reinstatement for Warren Sears, P.A., and a check made payable to the Department of State in the sum of \$150.00 for the filing fee.

The corporation relocated from Deerfield Beach to Delray Beach in late December 2001, and apparently any prior UBR notices were not forwarded by the United States Postal Service from one address to the other.

I may be contacted during normal business hours at 561-883-1330 if any additional information is required.

Very truly yours,


Warren Sears

Enclosures

WS/kab