

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 27 2006 10:04

DOCUMENT # P00000025110

1. Corporation Name

The Law Office of Lance P. Richard & Associates, P.A.

2. Principal Office Address

609 SE Central Parkway

Suite, Apt. #, etc.

City & State

Stuart

Zip
34994

Country
USA

3. Mailing Office Address

609 SE Central Parkway

Suite, Apt. #, etc.

City & State

Stuart

Zip
34994

Country
USA

REINSTATEMENT

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

03/06/2000

5. FEI Number

65-0986428

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

Lance P. Richard

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

609 SE Central Parkway

Suite, Apt. #, Etc.

City

Stuart

State
FL

Zip Code

34994

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

[Handwritten Signature]

Date

10/20/06

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
PSD	Lance P. Richard	609 SE Central Parkway	Stuart, FL 34994

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 contained in Chapter 119, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/06

Daytime Phone #

772 223-9600

Lance P. Richard

B. Mitchell

OCT 27 2006