

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 JUL 18 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000027603

1. Corporation Name

Christine A. Waldren, PA.

REINSTATEMENT 02-05

2. Principal Office Address

928 N. Collier Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

928 N. Collier Blvd

Suite, Apt. #, etc.

City & State

Marco Island FL

Zip 34145

Country

USA

City & State

Marco Island FL

Zip 34145

Country

USA

000057613170

07/18/05--01067--003 **1200.00

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 2001

5. FEI Number

59-3632076

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

Christine A. Waldren

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

608 Nassau Road

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

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

Christine A. Waldren

Date 7/15/05

REGISTERED AGENT MUST SIGN

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
President	Christine A. Waldren	608 Nassau Rd	Marco Island, FL 34145

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)(l), 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:

Christine A. Waldren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/05 239-394-8121

Date

Daytime Phone # x671

CR2E001 (01/05)