

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY -1 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038907

1. Corporation Name

THERESA AYERS, P.A.

2. Principal Office Address - No P.O. Box #
200 RICHARDS RD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE BCH, FL

City & State

Zip
32951

Country
USA

Zip

Country

REINSTATEMENT

0307

98

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2000

5. FEI Number
593649082

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
THERESA AYERS

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

Suite, Apt. #, Etc.

City
MELBOURNE BEACH

State
FL

Zip Code
32951

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Theresa Ayers
REGISTERED AGENT MUST SIGN

Date **4-11-07**

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
PRES	THERESA AYERS	200 RICHARDS RD	MELBOURNE BEACH, FL 32951

100103040941
05/22/07--01053--002 **1350.00

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:

Theresa Ayers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa Ayers

Date

Daytime Phone #

4-11-07