

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -7 PM 4:00

DOCUMENT # P00000043911

1. Corporation Name

VERA M. KINGSBURY, P.A.

Principal Place of Business

Mailing Address

700 STARKEY ROAD, UNIT 1133
LARGO FL 33771

700 STARKEY ROAD, UNIT 1133
LARGO FL 33771



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3644700

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D/P/S	KINGSBURY, VERA M	700 STARKEY ROAD, UNIT 1133	LARGO FL 33771

100004740141--8

-12/26/01--01107--014

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATHEWS, JO-ANN
9151 PARK BLVD
SEMINOLE FL 33777

Name

J. MARVIN WINN

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

131 First St. NW

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33770

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.

Signature of
Registered Agent

J. Marvin Winn
REGISTERED AGENT MUST SIGN

Date

12-5-01

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:

Vera M. Kingsbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/01 727/684/0210

Daytime Phone #

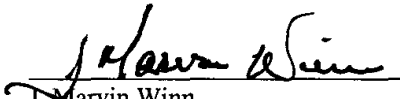
CR2E040 (6/01)

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

for

VERA M. KINGSBURY, P.A.

I hereby accept the appointment as registered agent. I am familiar with, and accept the
obligations of Section 607.0505, Florida Statutes.


J. Marvin Winn

dated: December 05, 2001