

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY -5 PM 12:35

**DOCUMENT #**

1. Corporation Name

J. Allen & Associates, Inc.

P00000051954

2. Principal Office Address

1331 E. Lafayette St

Suite, Apt. #, etc.

Suite D

City & State

Tallahassee FL

Zip

32301

Country

Leon

3. Mailing Office Address

1331 E. Lafayette St.

Suite, Apt. #, etc.

Suite D.

City & State

Tallahassee FL

Zip

32301

Country

Leon

800019088078

05/15/03--01064--010 \*\*458.75

4. Date Incorporated or Qualified  
To Do Business in Florida

5-22-03

5. FEI Number

65-0791845

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

Lawrence Achler

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

6647 Landover Circle

Suite, Apt. #, Etc.

City

Tallahassee FL

State  
FL

Zip Code

32317

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

Date

5/7/03

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
P	Lawrence Achler	6642 Landover Circle	Tallahassee FL 32317

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-03

Date

850-894-7007

Daytime Phone #

CR2E081 (10/02)