

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 AUG 30 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000064996

1. Corporation Name

NANCY D. BERTELSEN, P.A.

REINSTATEMENT 03-06

2. Principal Office Address

196 3rd St

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Zip

34134

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

JULY 3  
2000

5. FEI Number

59-1054192

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

NANCY D. BERTELSEN

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

196 3rd St

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34134

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

Nancy A. Bertelsen

REGISTERED AGENT MUST SIGN

Date

8/24/06

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
<u>D</u>	<u>NANCY D. BERTELSEN</u>	<u>196 3rd St</u>	<u>Bonita Springs FL</u> <u>34134</u>

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:

Nancy D. Bertelsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/06

Date

239-495-9892

Daytime Phone #

272

August 24, 2006

Florida Dept of State  
Div of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

Dear Sir:

I would like to have my Corporation reinstated. I did not receive any report notices and would like to have a waiver for the reinstatement fee.

0003

*Nancy D. Bertelsen*  
Thank you

Nancy D. Bertelsen  
Nancy D. Bertelsen, P.A.  
196 3<sup>rd</sup> Street  
Bonita Springs, Fl. 34134