

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000079496**

1. Corporation Name

KAREN A. ALLEN, P.A.

Principal Place of Business

2930 NW 27TH AVE
BOCA RATON FL 33434

Mailing Address

2930 NW 27TH AVE
BOCA RATON FL 33434

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

08/16/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1031990

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ALLEN, KAREN	2930 NW 27TH AVENUE	BOCA RATON FL 33434

900009240109
11/27/02-01054-011 **150.00

8. Name and Address of Current Registered Agent

ALLEN, KAREN A
2930 NW 27TH AVE
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Karen Allen
NOTICE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/27/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/02

2930 NW 27 Ave
Boca Raton, FL 33434
November 9, 2002

Dept. of State
Division of Corps.
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Karen A. Allen, PA
FEI No. 65-1031990

To Whom It May Concern:

This is to inform you that I have not received prior notices that have been sent for my corporation. There is a similar address in my area where the mail may have crossed.

Please activate me to active status. My completed application and check are enclosed.

— Thank you very much: —

Sincerely yours,

Karen A. Allen, PA.

Karen A. Allen, PA
President