

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000114895

1. Corporation Name

BRUCE W. PARRISH, JR., P.A.

2. Principal Office Address

1870 FOREST HILL BLVD.

Suite, Apt. #, etc.

SUITE 203

City & State

WEST PALM BEACH, FL

Zip

33406

Country

PALM BEACH

3. Mailing Office Address

1870 FOREST HILL Blvd.

Suite, Apt. #, etc.

SUITE 203

City & State

WEST PALM BEACH, FL

Zip

33406

Country

PALM BEACH

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2786988

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

BRUCE W. PARRISH, JR.

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

1870 FOREST HILL BLVD.

Suite, Apt. #, Etc.

203

City

WEST PALM BEACH

State

FL

Zip Code

33406

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 January 26, 2006

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/S/D	BRUCE W. PARRISH, JR.	1870 FOREST HILL BLVD. SUITE 203	WEST PALM BEACH, FL 33406

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:

BRUCE W. PARRISH, JR.
president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 26, 2006 (561)642-0591

Date

Daytime Phone #