

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000013361

1. Corporation Name

LAW OFFICES OF JOSEPH T. FARRELL, P.A.

Principal Place of Business

3101 MAGUIRE BLVD., SUITE 100
ORLANDO FL 32803

Mailing Address

P.O. BOX 140333
ORLANDO FL 32814-0333

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Attn: David L. Schick

Suite, Apt. #, etc.

P.O. Box 3068

City & State

Orlando, Florida

Zip

Country

32802

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/2001

5. FEI Number

59-3585126

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FARRELL, JOSEPH T	1931 KIMBERWICKE CIRCLE	OVIEDO FL 32765

8. Name and Address of Current Registered Agent

~~BOGLE, SEAN F ESQ.~~
~~TURNBULL PROFESSIONAL CENTER~~
~~706 TURNBULL AVENUE SUITE 203~~
~~ALTAMONTE SPRINGS FL 32701~~

9. Name and Address of New Registered Agent

Name

David L. Schick

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

301 East Pine Street

Suite, Apt. #, Etc.

Suite 1400

City

Orlando

State

FL

Zip Code

32801

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

David L. Schick

REGISTERED AGENT MUST SIGN

Date 10/20/03

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:

Joseph T. Farrell
JOSEPH T. FARRELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

407-895-6260

Daytime Phone #

FILED
03 OCT 21 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)