

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 20 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014752

1. Corporation Name

TODD R. BALL, P.A.

Principal Place of Business

3711 N. LONGFELLOW CIRCLE
HOLLYWOOD FL 33021

Mailing Address

3711 N. LONGFELLOW CIRCLE
HOLLYWOOD FL 33021

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

2. New Principal Office Address, If Applicable

406 North 46th Avenue

Suite, Apt. #, etc.

Hollywood FL

City & State

Zip

33021

Country

US

3. New Mailing Office Address, If Applicable

406 North 46th Avenue

Suite, Apt. #, etc.

Hollywood FL

City & State

Zip

33021

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2001

5. FEI Number

651095994

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1

BALL, TODD R

3711 N. LONGFELLOW CIRCLE

HOLLYWOOD FL 33021

500009090495

11/20/02--01005--025 **150.00

8. Name and Address of Current Registered Agent

BALL, TODD R

3711 N. LONGFELLOW CIRCLE

HOLLYWOOD FL 33021

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Todd Ball 11/12/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Todd Ball 11/12/02

Todd R. Ball, P.A.
406 N 46th Avenue
Hollywood, FL 33021

October 25, 2002

To Whom It May Concern:

I am requesting that you please waive the reinstatement fee for I did not receive the two uniform business report notices. I was in incorporated in 2001 and I believe the reason I did not receive the notices is because I moved within the past year. Please confirm my address above. If you have any questions feel free to contact me at (954) 234-8594.

Sincerely,

A handwritten signature in cursive script that reads "Todd Ball".

Todd Ball