

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAY -2 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000015585

1. Corporation Name

Jenny Moorhead, P.A.

2. Principal Office Address

22911 White Oak Lane

Suite, Apt. #, etc.

3. Mailing Office Address

22911 White Oak Lane

Suite, Apt. #, etc.

City & State

Estero, FL

City & State

Estero, FL

Zip

33928

Country

USA

Zip

33928

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2-12-01

5. FEI Number

65-1091545

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

Jenny Moorhead

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

22911 White Oak Lane

Suite, Apt. #, Etc.

600054218826

05/10/05-01071-007 \*\*\*1200 00

City

Estero

State

FL

Zip Code

33928

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

*J. J. Mull*

REGISTERED AGENT MUST SIGN

Date

4/27/05

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
D/P	Jenny Moorhead	22911 White Oak Lane	Estero, FL 33928

STATEMENT 02-05

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 under section 119.07(3)(t), 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

*J. J. Mull*

4/27/05

Date

(239) 489-1100 ext 189

Daytime Phone #

CR2E081 (01/05)