

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 13 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400093744774
03/19/07--01051--023 **450.00

REINSTATEMENT

K. Eckel MAR 13 2007
CR2E081 (1/07)

0507

DOCUMENT # P01000016477

1. Corporation Name

Gorsica Law Firm, P.A.

2. Principal Office Address - No P.O. Box #

2022-2 Raymond Ditch Rd PO Box 13612

Suite, Apt. #, etc.

Suite B

City & State

Tallahassee, FL

Zip

32308

Country

USA

3. Mailing Office Address

PO Box 13612

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32317

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02-13-2001

5. FEI Number

59-3713049

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 Stanley G. Gorsica

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

1833 Halstead Blvd.

Suite, Apt. #, Etc.

No. 1410

City

Tallahassee

State

FL

Zip Code

32309

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Stanley G. Gorsica
REGISTERED AGENT MUST SIGN

Date 03-13-07

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
DPST	Stanley G. Gorsica	2022-2 Raymond Ditch Rd. Suite B Tallahassee, FL 32308	Tallahassee, FL 32308

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:

Stanley G. Gorsica
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-2007

Date

850-668-5741

Daytime Phone #