

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02-03

FILED

03 MAY -1 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026959

1. Corporation Name

JANET GOSSETT, P.A.

Principal Place of Business

Mailing Address

7119 LAKERIDGE VIEW COURT STE 302
FT MYERS FL 33907

7119 LAKERIDGE VIEW COURT STE 302
FT MYERS FL 33907



000015316490
04/04/03--01041--030 **150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-107-9826

Not Applicable

Zip

Country

Zip

Country

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
PSTD	GOSSETT, JANET	7119 LAKERIDGE VIEW COURT STE 302	FT MYERS FL 33907

000015316490
05/01/03--01029--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAURA OLSZEWSKI P.A.

2614 9TH STREET NORTH STE 446

NAPLES FL 34103

Name

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

5401 TAYLOR RD, SUITE 3

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3/26/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03

Date

Daytime Phone #

CR2E040 (8/02)

OLSZEWSKI & ASSOCIATES, PA

5401 Taylor Road, Suite 3
Naples, FL 34109

239-593-7070 Office
239-593-7325 Fax

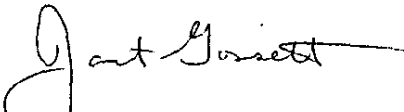
February 25, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Janet Gossett, PA

Enclosed is an application for reinstatement for the corporation indicated, document #P01000026959. This is notice that the prior UBR notices had not been received. Please waive the reinstatement fee and return this corporation to active status. A check for \$150.00 is enclosed to cover the 2002 annual fee.

Sincerely,


Janet Gossett