

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV 20 AM 8:01

DOCUMENT # P01000030442

1. Corporation Name

BONNIE SUE NEAL P.A.

Principal Place of Business

818 F1G TREE LANE  
BRANDON FL 33511

Mailing Address

818 F1G TREE LANE  
BRANDON FL 33511



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

03/21/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3705368

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	NEAL, BONNIE S	818 F1G TREE LANE	BRANDON FL 33511

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEAL, BONNIE S  
818 F1G TREE LANE  
BRANDON FL 33511

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

*Bonnie Sue Neal*  
REGISTERED AGENT MUST SIGN

Date 11-7-2002

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:

*Bonnie Sue Neal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-2002

CR2E040 (8/02)

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**BONNIE SUE NEAL P.A.**  
**818 Fig Tree Lane**  
**Brandon, Fl. 33511**

November 7, 2002


Division of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

To Whom It May Concern:

Our office has received the enclosed Notice of Administrative Dissolution and application for reinstatement. Upon receipt of this notice I called your office and was advised that the reason for dissolution was that the Federal Employer Identification Number was not provided on the initial 2002 UBR. I was also advised that the initial 2002 UBR was returned to our office to provide the missing Federal Employer Identification Number. Our office never received this nor were there any additional requests by your office to provide this information.

I respectfully request that your office waive the penalty for reinstatement.

Thank you.



Bonnie Sue Neal - President