

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 28 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043732

1. Corporation Name

KATHY J. OWEN RNC P.A.

Principal Place of Business

Mailing Address

1114 L THOMASVILLE RD.  
TALLAHASSEE FL 32303

1114 L THOMASVILLE RD.  
TALLAHASSEE FL 32303

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/2001

5. FEI Number

593717294

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	OWEN, KATHY J	3377 BARROW HILL TR.	TALLAHASSEE FL 32312

700008627097  
10/28/02--01090--019 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OWEN, KATHY J  
1106 THOMASVILLE RD., STE. M  
TALLAHASSEE FL 32303

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

*Kathy J. Owen*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/24/02

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:

*Kathy J. Owen*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 8504255076  
Date Daytime Phone #

CR12040 (8/02)

**KATHY OWEN RNC, P.A.**  
NURSE CONSULTANT



1106-M THOMASVILLE RD. TALLAHASSEE, FLORIDA 32303

(850) 425-5076  
FAX (850) 425-5077


October 24, 2002

To Whom It May Concern:

Please be advised that I received your initial notice yesterday, October 23, 2002 and wish to be re-instated as a small business corporation. I apologize for the lapse in not submitting my UBR report but did not receive the two prior-uniform business report notices as your office indicated that I should have received.

Your consideration in waiving the re-instatement fee is greatly appreciated. I am enclosing a check to cover the filing of the report without penalty for \$150.00. I am also requesting a Certificate of Status and have included the \$8.75 additional amount which will bring the total sum of the enclosed check to \$158.75.

Sincerely,

  
Kathy J. Owen  
President