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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 10 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048625

1. Corporation Name

NEIL AVAN BART PA
14317 MAYMONT CT
ORLANDO, FL 32837

2. Principal Office Address

14317 MAYMONT CT
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO FL 32837

City & State

Zip

Country

32837

USA

Zip

Country

REINSTATEMENT 02-65

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3721788

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

NEIL A VAN BART

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

14317 MAYMONT CT

Suite, Apt. #, Etc.

City

ORLANDO FL 32837

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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
P	NEIL A VAN BART	14317 MAYMONT CT ORLANDO FL 32837	ORLANDO FL 32837

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/04

407-438-8900

CR2E081 (01/04)

20f2

Neil A. Van Bart P.A.
14317 May Mont Court
Orlando, FL 32837

November 5, 2004

Department of State
Corporate Filings
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

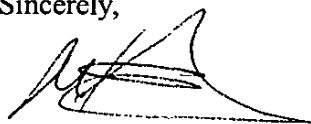
RE: Neil A. Van Bart P.A.
Document Number P01000048625

Dear Madam or Sir,

I received a letter indicating that my corporation had been dissolved for non-payment of annual fees. I never received the reports in the mail. My accountant advised me to write a letter explaining what happened. Please find enclosed a check for \$ 450 to pay for the Annual Report Fees for 2002, 2003, 2004. I ask you to waive the penalties for reinstatement because I did not receive notice of fees due and did not realize I needed to pay annual fees.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to be 'Neil A. Van Bart', written over a horizontal line.

Neil A. Van Bart
President