

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000059587

1. Corporation Name

ANNE ALSUP, P.A.

Principal Place of Business

3609 HADDINGTON COURT  
APOPKA FL 32712

Mailing Address

3609 HADDINGTON COURT  
APOPKA FL 32712

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/14/2001

5. FEI Number

59-3725413

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
D	ALSUP, ANNE	3609 HADDINGTON COURT	APOPKA FL 32712

200008630092  
10/28/02--01104--012 \*\*150.00

8. Name and Address of Current Registered Agent

HUTCHINS, ROBERT J  
400 NORTH WYMORE ROAD, SUITE 110  
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-23-02

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

Date

Daytime Phone #

*Anne Alsup, P.A.*  
*3609 Haddington Ct.*  
*Apopka, FL 32712*

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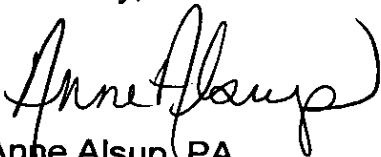
October 22, 2002

To Whom It May Concern:

I am requesting a waiver of the reinstatement fee. To the best of my knowledge I did not receive the two uniform business report notices. My registered agent and I will take special care to insure that this report is filed in a timely manner in the future.

Thank you for your time and consideration.

Sincerely,

  
Anne Alsup, PA