

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000065432**

1. Corporation Name

LYN CROTEAU, CRNFA, P.A.

Principal Place of Business

Mailing Address

1237 OLYMPIC CIRCLE
W PALM BCH FL 33413

1237 OLYMPIC CIRCLE
W PALM BCH FL 33413

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

07/02/2001

5. FEI Number

65-1126796

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 | CROTEAU, LYN | 1237 OLYMPIC CIRCLE | W PALM BCH FL 33413 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

300023819183
10/15/03--01056--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROTEAU, LYN
1237 OLYMPIC CIRCLE
W PALM BCH FL 33413

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/15/03

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

Date

Daytime Phone #

10/15/03 1-561-684-8008

CR2EC40 (7/03)

Florida Department of State
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, fl 32314

Dear Sirs:

I called your reinstatement line on the telephone, and was told I needed to write a letter.

I never received any paper work for an annual report/uniform business report.

I never received a first or second notice. I am a registered nurse and pay close attention to detail. I am fairly new at owning my own business, but if I had received any paperwork at all I would have followed through with filing.

I received the notice of dissolution today. This paperwork shocked and confused me because I have not had any notice or information pertaining to this before now.

I paid my corporation report for 2002, and would have paid 2003 if I had been sent the appropriate paperwork.

I am enclosing a check for \$150.00 which was the amount on the telephone message, and hope this will take care of the matter of reinstating my corporation.

Thank you,

Lyn Croteau, CRNFA
1237 Olympic Circle
West Palm Beach, fl. 33413
1-561-684-8558