

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 24 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071178

1. Corporation Name

ALLAN M. TYSON P.A.

Principal Place of Business

119 GLEN RIDGE AVE
TEMPLE TERRACE FL 33617

Mailing Address

119 GLEN RIDGE AVE
TEMPLE TERRACE FL 33617

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

2. New Principal Office Address, If Applicable

2504 2504 W. Azeele St

Suite, Apt. #, etc.

City & State

Tampa FL

Zip 33609 Country

3. New Mailing Office Address, If Applicable

PO Box 291458

Suite, Apt. #, etc.

City & State

Tampa FL

Zip 33687 Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2001

5. FEI Number

59-3739256

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TYSON, ALLAN M	119 GLEN RIDGE AVE	TEMPLE TERRACE FL 33617

10/24/02--01099--015 **150.00

10/25

8. Name and Address of Current Registered Agent

TYSON, ALLAN M
119 GLEN RIDGE AVE
TEMPLE TERRACE FL 33617

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-02 813-390-4443

CR2E040 (8/02)

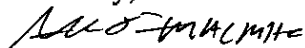
Allan Tyson, M.A. P.A.
2504 W. Azeele St.
Tampa, Florida 33609
(813) 390- 4443

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

To Whom it May Concern,

I am writing in regards to my recent receipt of a "Notice of Administrative Dissolution". I am sorry to inform you that I did not receive the prior uniform business report notices. Due to not receiving these reports I will be paying the one hundred and fifty dollar fee for a for profit corporation. I will prevent this from happening again by contacting the state by February 28 if I do not receive the appropriate notices.

Sincerely,



Allan M. Tyson, M.A.
Licensed Mental Health Counselor