

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 NOV -1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071302

1. Corporation Name

LARA C. BOUFFARD, P.A.

Principal Place of Business

5351 HANSEL AVE., STE. C5
ORLANDO FL 32809

Mailing Address

5351 HANSEL AVE., STE. C5
ORLANDO FL 32809



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

07/19/2001

5. FEI Number

59-373-6762

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

BOUFFARD, LARA C

5351 HANSEL AVE., STE. C5

ORLANDO FL 32809

500008753155

11/01/02--01026--026 **150.00

8. Name and Address of Current Registered Agent

MILHOUSEN, JEFFREY P ESQ.
MILLER, SOUTH & MILHAUSEN, P.A.
2699 LEE ROAD, STE. 120
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

Jeffrey P. Milhausen, Esq.

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 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:

SIGNATURE REQUIRED
LARA C. BOUFFARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

Date

407-443-9696

Daytime Phone #

CR2ED40 (8/02)

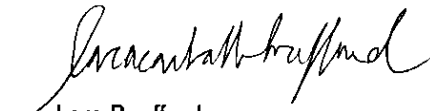
October 28, 2002

To Whom It May Concern:

I would like to request for late fee to be waived as I did not receive any prior notices for the year 2002 that my corporation has been dissolved per your policy. Attached is a check for \$150.00 to reinstate my status as an S-Corporation. If there are any questions or other issues, please do not hesitate to call me at (407) 443-9696 or (407) 856-9232.

Thank you.

Sincerely,



Lara Bouffard