

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000071704

1. Corporation Name

FARRELL & ASSOCIATES, INC.

Principal Place of Business

3830 S. HWY A1A  
SUITE C-3 #200  
MELBOURNE BEACH FL 32951

Mailing Address

3830 S. HWY A1A  
SUITE C-3 #200  
MELBOURNE BEACH FL 32951

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

07/20/2001

5. FEI Number

65-1128519

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
PD	FARRELL, JOHN S	<del>278 CAMELLIA STREET</del> 419 ANCHOR KEY MELBOURNE BEACH	<del>PALM BEACH GARDENS FL 33410</del> MELBOURNE BEACH FL 32951
VD	FARRELL, DAYLE H	<del>278 CAMELLIA STREET</del> 419 ANCHOR KEY	<del>PALM BEACH GARDENS FL 33410</del> MELBOURNE BEACH FL 32951

000008753100  
11/01/02--01026--025 \*\*158.75

8. Name and Address of Current Registered Agent

FARRELL, JOHN S  
~~278 CAMELLIA STREET~~  
~~PALM BEACH GARDENS FL 33410~~

9. Name and Address of New Registered Agent

Name FARRELL, JOHN S  
Street Address (P.O. Box Number is Not Acceptable)  
419 ANCHOR KEY  
Suite, Apt. #, Etc.  
City MELBOURNE BEACH State FL Zip Code 32951

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 10-26-02

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

10-26-02 321 674-9391  
Date Daytime Phone #

CR2EM40 (8/02)

10-26-02

Florida Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee FL 32314-6327

Please be advised that I did not receive  
the two prior Uniform Business report notices  
(UBR). Enclosed are reinstatement application  
and fee.

Sincerely,

John S Farrell, President  
Farrell & Associates, Inc.

419 Anchor Key

Melbourne Beach, FL 32951

321 674-9391