

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY -2 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000081040

**1. Corporation Name**

BETH HARLAN, P.A.  
825 EAST MAIN STREET  
LAKELAND FL 33801

**2. Principal Office Address**

825 E MAIN ST

Suite, Apt. #, etc.

**3. Mailing Office Address**

825 E MAIN ST

Suite, Apt. #, etc.

**City & State**

LAKELAND FL

**Zip**

33801

**Country**

USA

**City & State**

LAKELAND FL

**Zip**

33801

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/13/2001

**5. FEI Number**

65-1137108

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

BETH HARLAN

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

825 E MAIN STREET

Suite, Apt. #, Etc.

**City**

LAKELAND

**State**

FL

**Zip Code**

33801

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*X Beth Harlan*

Date

4-30-03

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	BETH HARLAN	825 E MAIN STREET	LAKELAND, FL 33801

**10. 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:**

*X Beth Harlan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-03

Daytime Phone #

CR2E081 (10/02)

576

April 30, 2003

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

RE: Beth Harlan, P.A.  
P01000081040

Dear Gentlemen:

I am writing in regards to the administrative dissolution of this corporation due to the non-filing of the 2002 Uniform Business Report. My company was newly incorporated in 2001 and paid the necessary fees to incorporate in the State of Florida. We had never received and were unaware of the requirement to file the Annual Report in 2002.

Our CPA has informed of me of this requirement and am forwarding the application for reinstatement of this corporation. I have enclosed a check in the amount of \$300.00 which includes the filing fees for both years, 2002 and 2003.

Please abate any penalties and fees charged to this corporation and accept my request for reinstatement.

Sincerely,

A handwritten signature in dark ink, appearing to read "Beth Harlan", followed by a horizontal line extending to the right.

Beth Harlan  
President