

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084456

1. Corporation Name

Hannah Stanley, P.A.

REINSTATEMENT 07-09

000148289410

04/01/09--01002--029 **450.00

CR2E081 (12/08)

JC4/7

2. Principal Office Address - No P.O. Box #

1100 Hwy. 98 E

Suite, Apt. #, etc.

A701

City & State

Destin, FL

Zip

32541

Country

OKaloosa

3. Mailing Office Address

1100 Hwy. 98 E.

Suite, Apt. #, etc.

A701

City & State

Destin, FL

Zip

32541

Country

OKaloosa

4. Date Incorporated or Qualified
To Do Business in Florida

8-27-01

5. FEI Number

59-3744145

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

Hannah Stanley

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

1100 Hwy. 98 E.

Suite, Apt. #, Etc.

A701

City

Destin

State

FL

Zip Code

32541

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Hannah Stanley

Date

3-5-09

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>Hannah Stanley</u>	<u>1100 Hwy 98, A701</u>	<u>Destin, FL 32541</u>

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 contained in Chapter 119, 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:

Hannah Stanley, Hannah Stanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-5-09

Daytime Phone #

(850) 830-9764