

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 25 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089902

1. Corporation Name

BAUMAN & WILCOCK, PA

Principal Place of Business

6640 34TH AVE NORTH
ST PETERSBURG FL 33710

Mailing Address

6640 34TH AVE NORTH
ST PETERSBURG FL 33710

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

09/10/2001

5. FEI Number

59-3744806

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	BAUMAN, NINA	6640 34TH AVE NORTH	ST PETERSBURG FL 33710
DWIL	COCK, DOUGLAS B	6640 34TH AVE NORTH	ST PETERSBURG FL 33710
D	WILCOCK, DOUGLAS	6640 - 34 TH AVE NORTH	ST. PETERSBURG, 33710
			400008597164 10/25/02--01083--019 **750.00

8. Name and Address of Current Registered Agent

TURNER-HAHN, CARLA ESQ
5959 CENTRAL AVE SUITE 104
ST PETERSBURG FL 33710

9. Name and Address of New Registered Agent

Name

DOUGLAS WILCOCK, ESQ.

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

6640 - 34TH AVE N.

Suite, Apt. #, Etc.

City

ST. PETERSBURG, FL

State

FL

Zip Code

33710

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

Douglas Wilcock
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

Douglas Wilcock
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 727-343-4744

CR2E040 (802)