

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

02 NOV -6 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P01000090158

Karen M. VanHoose, P.A.

100008817541  
11/06/02--01023--001 \*\*150.00

2. Principal Office Address

13748 74th Ave.

3. Mailing Office Address

13748 74th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole, FL

City & State

Seminole, FL

Zip

33776

Country

USA

Zip

33776

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09-10-01

5. FEI Number

59-3747442

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

Karen M. VanHoose

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

13748 74th Avenue

Suite, Apt. #, Etc.

City

Seminole

State  
FL

Zip Code

33776

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

Karen M. VanHoose

REGISTERED AGENT MUST SIGN

Date 10-30-02

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
P	Karen M. VanHoose	13748 74th Avenue	Seminole, FL 33776

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:

Karen M. VanHoose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-02 727-580-6683

Date

Daytime Phone #

CR2E081 (9/01)

232

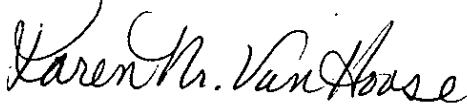
October 30, 2002

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

Please find attached my corporation reinstatement form plus \$150.00 fee.  
I respectfully request waiver of the penalty due to non-receipt of documents.

As you can see, the address is still showing wrong. Please make the necessary changes as per my reinstatement request.

Sincerely,



Karen M. VanHoose, P.A.  
13748 74<sup>th</sup> Avenue  
Seminole, FL 33776  
(727) 580-6683