

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 31 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000093255

1. Corporation Name

TROY D. FERGUSON AND ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

~~9350 S. DIXIE HWY., STE. 1500~~
~~MIAMI FL 33156~~

~~9350 S. DIXIE HWY., STE. 1500~~
~~MIAMI FL 33156~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

ONE ALHAMBRA PLAZA

Suite, Apt. #, etc.

SUITE 1200

City & State

CORAL GABLES

Zip

33134-5227

Country

USA

3. New Mailing Office Address, If Applicable

3909 N.E. 163 RD ST.

Suite, Apt. #, etc.

SUITE 300

City & State

NORTH MIAMI BEACH

Zip

33160

Country

USA

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/2001

5. FEI Number

65-1140781

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, P	FERGUSON, TROY D	9350 S. DIXIE HWY., STE. 1500 ONE ALHAMBRA PLAZA, STE. 1200	MIAMI FL 33156 CORAL GABLES, FL. 33134
D, S	GRIMSLEY, CHARLES J.	3909 N.E. 163 RD ST., STE. 300	NORTH MIAMI BEACH, FL. 33160

700008715697
10/31/02--01011--011 **750.00

8. Name and Address of Current Registered Agent

~~FERGUSON, TROY D ESQ.~~
~~9350 S. DIXIE HWY. STE. 1500~~
~~MIAMI FL 33156~~

9. Name and Address of New Registered Agent

Name

CHARLES J. GRIMSLEY, ESQ.

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

3909 N.E. 163 RD ST.

Suite, Apt. #, Etc.

SUITE 300

City

NORTH MIAMI BEACH

State

FL

Zip Code

33160

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

Charles J. Grimsley
REGISTERED AGENT MUST SIGN

REGISTERED AGENT MUST SIGN

Date

10/29/02

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:

Charles J. Grimsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES J. GRIMSLEY

Date

10/29/02 305-799-4687

Daytime Phone #

CR2E040 (8/02)