

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 30 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100605

1. Corporation Name

WILLIAM M. FORD, P.A.

Principal Place of Business

319 CLEMATIS STREET
~~SUITE 401~~
WEST PALM BEACH FL 33401

Mailing Address

319 CLEMATIS STREET
~~SUITE 401~~
WEST PALM BEACH FL 33401

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.

~~Suite 109~~

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

~~Suite 109~~

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2001

5. FEI Number

605-1144205

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FORD, WILLIAM M ESQ.	319 CLEMATIS STREET	WEST PALM BEACH FL 33401

500008637065
10/30/02-01044-025 **150.00

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

William M Ford, ESQ

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

319 Clematis St.

Suite, Apt. #, Etc.

Suite 109

City

West Palm Beach

State

FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Date

(561) 721-0192

Daytime Phone #

CR2E040 (8/02)

FORD & BACHERT, P.A.

----- ATTORNEYS AT LAW -----

The Comeau Building
319 Clematis St., Suite 109
West Palm Beach, Florida 33401
William M. Ford, Esquire
Daniel A. Bachert, Esquire

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FordandBachert.com
WilliamFordEsq@msn.com
DanBachert@hotmail.com

October 25, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: *WILLIAM M. FORD, P.A.*

Dear Sir or Madam:

Please accept this letter as my formal notice that the office of William M. Ford, P.A. did not receive any prior Uniform Business Report.

As such, enclosed is an Application for Reinstatement along with check #1200 in the amount of \$150.00, made payable to Department of State, to file the report without penalty.

If you have any questions, please contact the office at the number provided above.

Very truly yours,



William M. Ford, P.A.
WMF/mm

Enclosures