

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 18 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **A 01000110177**

1. Corporation Name

Bob Nesmith, P.A.

2. Principal Office Address

797 93 Ave N

Suite, Apt. #, etc.

3. Mailing Office Address

797 93 Ave N

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34108

Country

US

City & State

Naples FL

Zip

34108

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/01

5. FEI Number

65-1105025

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

07-17-03 90032 028 150.00

03-04

7. Name and Address of Current Registered Agent

Name

Laura Olszewski, CPA

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

5401 Taylor Rd

Suite, Apt. #, Etc.

3

City

Naples

State

FL

Zip Code

34109

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

Laura Olszewski

Date

10/13/04

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
ASTA	Bob Nesmith	797 93 Ave N, Naples FL	34108

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)(f), 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

Date

10/13/04 239-5715203

Daytime Phone #

CR2001 (01/04)

2 of 2

October 13, 2004

Secretary of State Division of Corporations
Reinstatement Section
PO BX 6327
Tallahassee, FL 32314

RE: Document # P01000110177

To Whom It May Concern:

This is to express my sincere desire for the reinstatement of my corporation. The problem began when I did not receive a notice of filing for 2003. Later, when I tried to remedy this with a letter and the \$150 fee, my check that I sent in was applied but apparently, the corporation was not reinstated.

I regret the confusion that has occurred and the time that has passed without my being aware of a problem. My accountant brought this to my attention recently and I am following now the instructions that I received from your helpful staff to try and resolve this once and for all.

Due to the confusion and missing notices I am respectfully requesting that the penalty for the dissolution be waived, the corporation be reinstated and that the enclosed \$150 annual fee is applied for 2004.

I greatly appreciate your attention to this matter.

Thank you,



Bob Nesmith

Bob Nesmith, PA
797 93 Ave N
Naples, FL 34108