

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000110197

1. Corporation Name

ALAN GORDON, P.A.

Principal Place of Business

7167 LORENZO LANE  
DELRAY BEACH FL 33446

Mailing Address

7167 LORENZO LANE  
DELRAY BEACH FL 33446

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

11/16/2001

5. FEI Number

65-1153299

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	GORDON, ALAN	7167 LORENZO LANE	DELRAY BEACH FL 33446
D	GORDON, SHERRY	7167 LORENZO LANE	DELRAY BEACH FL 33446

900023815409  
10/15/03 01040 005 \*\*150.00

8. Name and Address of Current Registered Agent

GORDON, ALAN  
7167 LORENZO LANE  
DELRAY BEACH FL 33446

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Alan Gordon*

Date 10-8-03

REGISTERED AGENT MUST SIGN

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:

*Alan Gordon*

SEC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

561-859-8949

Daytime Phone #

CR2040 (7/03)

**ALAN GORDON P.A.  
7167 LORENZO LANE  
DELRAY BEACH, FL 33446**

**OCTOBER 8, 2003**

**FLORIDA DEPT. OF STATE  
DIVISIONS OF CORPORATIONS  
GLENDA E. HOOD, SEC. OF STATE  
P.O. Box 6327  
TALLAHASSEE, FL 32314**

**DEAR MS. HOOD;**

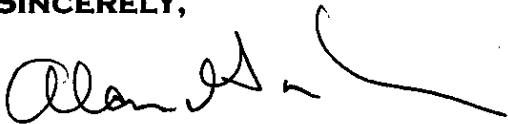
**PLEASE BE ADVISED THAT THIS IS THE FIRST TIME I AM RECEIVING ANY  
KIND OF NOTICE REGARDING THE RENEWAL OF OUR FOR PROFIT  
CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT.**

**I AM ENCLOSING THE APPLICATION FOR REINSTATEMENT PLUS CHECK  
#1816 IN THE AMOUNT OF \$150.00 AS REQUESTED VIA THE TELEPHONE  
RECORDING.**

**PLEASE LET ME KNOW IF THERE IS ANYTHING ELSE NEEDED TO  
COMPLETE THIS REINSTATEMENT, MY HOME PHONE IS 561-865-3774,  
AND MY CELL PHONE IS 567-870-7719. MY E-MAIL IS  
ANSGORDON@ADELPHIA.NET. AND ON TOP IS THE CORRECT MAILING  
ADDRESS.**

**THANK YOU IN ADVANCE.**

**SINCERELY,**

A handwritten signature in black ink, appearing to read "Alan Gordon", with a long horizontal flourish extending to the right.

**ALAN GORDON**