

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000115848

1. Corporation Name

Joann M. Bricker, P.A.

2. Principal Office Address - No P.O. Box #

204 Royal Tern Rd. N

Suite, Apt. #, etc.

City & State

Ponte Vedra Bch., FL

Zip

32082

Country

USA

3. Mailing Office Address

204 Royal Tern Rd. N

Suite, Apt. #, etc.

City & State

Ponte Vedra Bch., FL

Zip

32082

Country

USA

7. Name and Address of Current Registered Agent

Name

Keith H. Johnson

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

8810 Goodby's Executive Drive

Suite, Apt. #, Etc.

Suite A

City

Jacksonville

State

FL

Zip Code

32217

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

REGISTERED AGENT MUST SIGN

Date 4-27-2010

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
DPST	Joann M. Bricker	204 Royal Tern Rd. N.	Ponte Vedra Bch., FL 32082

10. E-mail Address: jbricker-employlaw@comcast.net

(To be used for future annual report notification)

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. I further certify, 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:

Joann M. Bricker

4/28/2010

904-945-4840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 APR 30 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

400179437354

04/30/10--01046--004 **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/2001

5. FEI Number

59-3759197

Applied For

X Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.