

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1972

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 APR 28 PM 6:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000122183

1. Corporation Name

Panaria A. Magnuson, P.A.

2. Principal Office Address

8594 Ibis Cove Cir.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

U.S.

3. Mailing Office Address

8594 Ibis Cove Cir.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

U.S.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/02

5. FEI Number

80-0005458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Panaria A. Magnuson

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

8594 Ibis Cove Cir.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

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

Panaria A. Magnuson
REGISTERED AGENT MUST SIGN

Date

4 April 2005

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 |
|--------|--------------------------------------|---|--------------------|
| 0/p/SH | Panaria A. Magnuson | 8594 Ibis Cove Cir. | Naples, FL 34119 |
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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)(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:

Panaria A. Magnuson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Panaria A. Magnuson

Date

4.25.05

Daytime Phone #

239.
353.7793

CR2E081 (01/05)

2072

TAX, ACCOUNTING & FINANCIAL ASSOCIATES, INC.

04/25/2005

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Panoria A. Magnuson, P.A.
8594 Ibis Cove Circle
Naples, FL 34119
P01000122183

We are the tax accountants for the above named corporation. It has recently come to our attention that the corporation has been administratively dissolved due to non-filing of its annual report.

The corporation was unaware of it's requirement to file an annual report (2003 was the first year that an annual report was required of the corporation.) The notices as sent by the state were not received by the corporation. (The state reflects an old address for the P.A.)

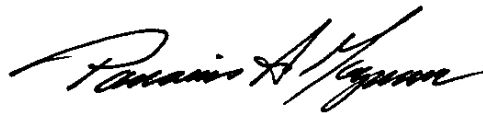
As such, we are requesting on behalf of the corporation, a waiver of reinstatement fees and request that the corporation be allowed to file its annual report (attached) with the 2003 - 2005 filing fees of \$150 per year totaling \$450 (attached.) Please advise the corporation accordingly.

Thank you.

Very truly yours,



Jeffrey R. Lamb, Registered Agent
Tax, Accounting & Financial Assoc., Inc.



Panoria A. Magnuson,
Director/President
Panoria A. Magnuson, P.A.

JRL/II