

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000006936

1. Corporation Name

BOBBI LAW, MA, LMHC, P.A.

Principal Place of Business

2424 MANATEE AVE. WEST, STE. 212  
BRADENTON FL 34205

Mailing Address

2424 MANATEE AVE. WEST, STE. 212  
BRADENTON FL 34205

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/14/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0629045

Not Applicable

Zip

Country

Zip

Country

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
PSD	LAW, BOBBI	2424 MANATEE AVE. WEST, STE. 212	BRADENTON FL 34205

000024012060  
10/22/03--01038--013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAW, BOBBIE  
2424 MANATEE AVE. WEST, STE. 212  
BRADENTON FL 34205

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

*Bobbi Law*

Date

10/20/03

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:

*Bobbi Law*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03 941-744-4499

Date

Daytime Phone #

CR2E040 (7/03)

**BOBBI LAW, M.A. L.M.H.C. PA**

**Psychotherapist**

2424 Manatee Avenue West, Suite 212  
Bradenton, Florida 34205


(941) 748-4499 FAX (941) 795-2564 e-mail- BobbiLaw@tampabay.rr.com

October 15/ 2003

Dear Sir:

Enclosed is a check in the amount of \$150. As per your instructions, I am by this letter informing you that I never received my Annual Report notice. This reinstatement notice is the first notice that I have received so I am respectfully requesting that the Reinstatement Fee be waived and my payment accepted. Thank you.

Sincerely,

  
Bobbi Law, MA, LMHC