

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 13 AM 9:26

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

SUSAN VAN PELT PA

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

501 BAY ROAD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PALM BEACH, FL

City & State

Zip

33408

Country

US

Zip

Country

REINSTATEMENT 03-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2002

5. FEI Number

04-3589518

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

SUSIE VAN PELT

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

501 BAY ROAD

Suite, Apt. #, Etc.

City

NORTH PALM BEACH

State

FL

Zip Code

33408

☐ The 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.

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

Susan C. Van Pelt
REGISTERED AGENT MUST SIGN

Date

3/27/07

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
DIR	SUSIE VAN PELT	501 BAY ROAD	NORTH PALM BEACH, FL 33408

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 contained in Chapter 119, 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:

Susan C. Van Pelt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/07

561-630-5561

Daytime Phone #

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C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

March 27, 2007

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

Taxpayer: SUSAN VAN PELT P.A.
FEIN: 04-3589518
Document #: P02000008030
Tax Form: UBR
Tax Period: 2003, 2004, 2005, 2006, 2007


To Whom It May Concern:

We have enclosed check # in the amount of \$750.00 for the 2007 Corporate Reinstatement of SUSAN VAN PELT P.A., Document # P02000008030.

Please abate the late filing penalty. SUSIE VAN PELT did not receive the original Annual Report and did not intentionally avoid the filings.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl.

lan