

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 13 AM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000011577**

1. Corporation Name

RAY F. ANDERSON, P.A.

Principal Place of Business

Mailing Address

2412 KINGS LAKE BLVD.
NAPLES FL 34112

2412 KINGS LAKE BLVD.
NAPLES FL 34112



REINSTATEMENT 03

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2002

5. FEI Number

01-0642940

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
PST	ANDERSON, RAY F	2412 KINGS LAKE BLVD.	NAPLES FL 34112

200023748642
10/13/03--01058--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, RAY F
2412 KINGS LAKE BLVD.
NAPLES FL 34112

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

Ray F. Anderson
REGISTERED AGENT MUST SIGN

Date 10-8-03

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:

Ray F. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

(239) 825-7962

Daytime Phone #

CR2E040 (7/03)

***Ray F. Anderson, P.A.
2412 Kings Lake Blvd.
Naples, FL 34112***

October 8, 2003

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

Re: Corporation Name: Ray F. Anderson, P.A.
Document Number: P02000011577

Dear Sir or Madam:

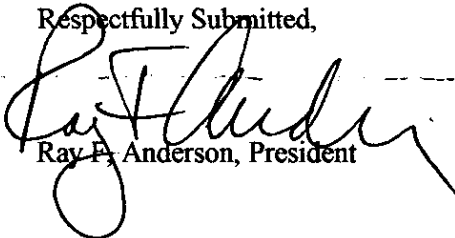
I have just received a Notice of Administrative Dissolution from the Department of the State.

Pursuant to the information contained therein, this is to confirm this corporation did not receive the two prior uniform business report (UBR) notices.

We have had our mail service interrupted several times over the past few months due to vandals and thefts of mail in our area.

Enclosed herewith, is the completed application for reinstatement and the appropriate UBR filing fee of One Hundred Fifty Dollars (\$150.00).

Respectfully Submitted,


Ray F. Anderson, President