

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000013455

1. Corporation Name

P.S. Dixon, P.A.

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

6250 Palm Trace Landings Dr.

Suite, Apt. #, etc.

314

City & State

Davie, FL

Zip

33314

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Percy S. Dixon

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

6250 Palm Trace Landings Drive

Suite, Apt. #, Etc.

314

City

Davie

State

FL

Zip Code

33314

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 12/3/2009

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
P	Percy S. Dixon	6250 Palm Trace Landings Drive	Davie, FL 33314

10. E-mail Address: scottdixon1@hotmail.com

(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:

Percy S. Dixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/2009

Date

9546954007

Daytime Phone #

FILED

09 DEC 10 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600163501386
12/10/09-01024-016 **300.00

REINSTATEMENT
TCR2E081 (1/1/09)

08-09

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2002

5. FEI Number
02-0543264

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

12/10