

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000015658**

1. Corporation Name

JOHN WILLIAM ELMORE, P.A.

Principal Place of Business

Mailing Address

2825 TAMiami TRAIL
PUNTA GORDA FL 33950

2825 TAMiami TRAIL
PUNTA GORDA FL 33950

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

02/12/2002

5. FEI Number

☒ 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
PTD	ELMORE, JOHN W	2825 TAMiami TRAIL	PUNTA GORDA FL 33950
VS	ELMORE, LINDA M	2825 TAMiami TRAIL	PUNTA GORDA FL 33950

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

J. David Campbell

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

2805 Tamiani Trail

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-14-2003

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Elmore

Date

10-14-2003 941-637-1090

Daytime Phone #

CR2E040 (7/03)

2012

October 13, 2003

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

Re: Corporation Renewal
JOHN WILLIAM ELMORE, P. A.

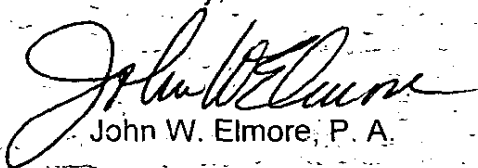
Dear Sir or Madam:

I recently received the Notice of Administrative Dissolution or Revocation with its attached instructions for completion of the reinstatement application.

I have enclosed a completed reinstatement application and a check for \$150. I received no prior correspondence of the pending action nor any renewal information prior to the administrative dissolution. I respectfully request the penalty fee be waived so that I might renew my corporation with the check enclosed. I have included my registered agent's information on the application to avoid an error like this happening again.

Thank you for any assistance and cooperation you can give.

Sincerely,



John W. Elmore, P. A.

2825 Tamiami Trail
Punta Gorda, FL 33950

cc: J. David Campbell